

Completed prior to SAT meeting

# Student Case History

Student's Full Name: \_\_\_\_\_

Student Common Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Person Providing Information: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of intake: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer: \_\_\_\_\_ Position \_\_\_\_\_

## Information obtained through:

- Phone Interview    Records Review    Completed Form  
 Personal Meeting    Health History Unreturned

## A. FAMILY INFORMATION

### Child resides with: (Check box that applies)

- Mother    Father/ Step-mother    Other  
 Father    Guardian

List all brothers and sisters and ages:

Child	Age	Child	Age

Are there other persons living in the home?  Yes  No If Yes, please explain

\_\_\_\_\_

### Family/ Guardian Information

Parent/ Guardian Name(s):

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Have there been any recent changes in family life? (birth, divorce, move to new home?)

Completed prior to SAT meeting

yes no If yes, please explain:

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## B. LANGUAGE HISTORY

Child's first language spoken: \_\_\_\_\_

Family's primary language spoken in home: \_\_\_\_\_

Are there any other language(s) spoken in the home?: Yes No

If Yes, list other language(s) spoken: \_\_\_\_\_

Student's Ethnicity: \_\_\_\_\_

## C. DEVELOPMENTAL HISTORY

Development Milestone Attainment	Early	Typical	Late	n/a
Sitting				
Crawling				
Standing				
Walking				
First Words				
First Sentences				

Comments

## Prenatal History

Check all boxes that apply:

- Full term pregnancy       Normal delivery       Smoking  
 Alcohol consumption during pregnancy       use of illegal substances during pregnancy  
 Mother received prenatal care by a physician

Comments

Completed prior to SAT meeting

**Birth History**

Check all boxes that apply:

Normal     Premature     Low birth weight If yes, note weight \_\_\_\_\_  
 Jaundice     Vaginal Delivery     C-Section Delivery

Comments

Did the child go home with mother from the hospital  Yes  No  
If no, please explain

**D. GENERAL HEALTH HISTORY**

Student's present health can best be described as: (Check box that applies)

Excellent     Good     Normal     Fair     Poor

Is the student currently Medicaid eligible:  Yes  No If Yes, Medicaid #: \_\_\_\_\_

Previous Medications taken: \_\_\_N/A

Current medications taken: \_\_\_N/A

Describe current medical regimen and possible side effects.

**Has student had any:** (Check all that apply)

Serious Accidents or Injuries  Yes  No If yes , please explain

Completed prior to SAT meeting

Operations  Yes  No If yes , please explain

Illnesses  Yes  No If yes , please explain

Prolonged Fevers  Yes  No If yes , please explain

Convulsions  Yes  No If yes , please explain

Do you have any current medical concerns regarding your child: \_\_\_ Yes \_\_\_ No

### E. BEHAVIOR AT HOME AND SOCIAL HISTORY

How does your child get along with adults?

How does your child get along with peers?

Do you have any behavior concerns?

Has your child had any sudden changes of behavior?

Is your child's activity level:  normal  overactive  under active

Age of your child's friends:  same  older  younger

General ability to get along with others?  good  fair  poor

What activities does your child enjoy?

What motivates your child?

Completed prior to SAT meeting

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**F. COURT LEGAL HISTORY OF STUDENT**

- n/a
- Educational Surrogate
- Probation Officer
- Court Appointed Special Advocate (Name): \_\_\_\_\_
- Guardian Ad Litem Surrogate (Name): \_\_\_\_\_

**Court History:**

- n/a
- no court history
- pending court date
- prior court history
  - custody of the court
  - delinquent
  - dependent

**Probation History**

- n/a
- regular probation
- intensive probation
- diversion program
- alternative treatment unit
- home arrest
- day program

**Parental Rights:**

- has rights and participates
- has rights and does not participate
- rights have been served (attach legal documentation)

**G. SCHOOL HISTORY**

Preschool experience:  Yes  No Age entered Kindergarten: \_\_\_\_\_

Grade(s) retrained:

K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

Middle School  High School

**School Assignment:**

- The local school since enrolling.
- Numerous schools since enrolling in school.
- Relatively stable educational career.
- More than one school during the current school year.

List other schools attended and grades attended:

\_\_\_\_\_  
\_\_\_\_\_

**Attendance:**

- History of excellent attendance
- Unremarkable attendance history
- History of multiple unexcused absences
- History of multiple excused absences

Attendance History Comments: \_\_\_\_ n/a

Completed prior to SAT meeting

**School Behaviors:**

What does your child like about school?

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What does your child not like about school?

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What are your child's personal strengths? (for example: sense of humor, kindness)

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What are your child's strengths in school? (for example: math, social studies, reading)

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In what areas has your child improved the most at school?

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What are your areas of concern regarding your child at school?

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What suggestions do you have for your child's teacher(s)?

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Other information you would like to share with the educational staff? \_\_\_\_\_

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