

Pelham School District

59A Marsh Road, Pelham, NH 03076
(603) 635-1145 – FAX (603) 635-1283

Initial Referral Intake Form

Child Information

Student Name: _____ Date: _____
Date of Birth: _____ Current Grade: _____
Form Completed by: _____ Interview with: _____
Child Lives with: _____ Referred by: _____

Birth and Developmental History

Pregnancy

Any illnesses or complications while pregnant? Yes No If Yes, please explain.

Medications taken by mother during pregnancy:

Was child adopted? _____ If yes, please list the age of child at adoption: _____

Labor and Delivery

Any complications during labor or delivery? Yes No If Yes, please explain.

Did mother or baby stay in special or intensive care after birth? Yes No If Yes, please explain.

Please describe any birth defects:

Infancy and Early Childhood

Please check any of the traits that describe the child **during infancy and early development**:

Quiet and content	Colicky and irritable	Very easy to feed	Overactive
Daily feeding problem	Sunny disposition	Frequent sleeping problems	Daredevil
Usually relaxed	Nervous and fearful	Under-active	Coordinated
Cuddly, easy to hold	Avoided eye contact	Did not enjoy cuddling	Uncoordinated
Easily calmed down	Curious and careful	Had many tantrums	Adaptable
Accident prone	Moody and irritable	Liked people	Slept well
Disliked contact with people			

Were developmental milestones met on time, met early, or delayed? _____

If not met on time, please describe.

Did your child have frequent ear infections as a young child? Yes No If Yes, please describe.

Does your child currently have any medical diagnoses? Yes No If Yes, please describe.

Is your child currently taking any medication? Yes No If Yes, please list.

Has your child ever been hospitalized or taken to the emergency room with a serious illness or injury?
Yes No If Yes, please describe:

Has your child ever had a head injury? Yes No
If Yes, did he or she lose consciousness?

Do any family members have serious medical problems? Yes No If Yes, please describe.

Educational History – Schooling

Did your child attend preschool? Yes No If Yes, where.

Were there any concerns noted during preschool? Yes No If Yes, please describe.

Did your child attend kindergarten? Yes No If Yes, where.

Please list where your child has attended first grade through present:

Were there any concerns? Yes No If Yes, please describe.

Has your child ever had an evaluation of his or her academic or cognitive abilities? Yes No
If Yes, please describe.

Current Academic Performance – School Performance

What subject(s) is your child most successful in?

What subject(s) is the most difficult for your child?

Why? Please describe:

What supports or interventions have been put into place to support your child?

What do you think would help your child improve his/her academic performance?

Please list any family members who may have a history of learning difficulties:

Please describe your child's performance in the following areas:

Reading:

Writing:

Math:

Science:

Planning, Organization and Attentional Regulation

Planning and organization

Please describe your child's general organizational skills:

Does your child use a planner or agenda (electronic or paper) to keep track of assignments?

Yes No If no, please describe why not:

Please describe how your child manages long-term assignments or projects:

Does your child check school resources at home to monitor work completion and planning?

Yes No If no, does your child know how to do this?

Homework

Does your child complete homework every night?

Does your child have a set time to complete homework every night?

Do you need to remind your child to complete homework, or is this an independent skill?

Are there arguments at home over homework completion?

Does anyone help your child with his/her homework?

Is your child able to come after or before school for extra help? Yes No

If yes, does he or she do this?

Please list any other concerns you have with your child's homework completion:

Attention

Do you have any concerns with your child's attention? This includes his/her ability to focus on tasks (inattentiveness) as well as how active your child is (hyperactivity). Yes No

If yes, please describe concerns and when they started:

Social- Emotional/Behavioral History

Social

Who does the child live with (please include siblings):

Are the child's parents divorced? Yes No

If yes, please describe when divorce occurred and how often the child sees both parents:

Please describe your child's current friendships or peer relationships:

Does your child have difficulties forming and maintaining friendships? Yes No

Does your child participate in any clubs, sports, or hobbies? Yes No

If yes, please list activity and location:

Emotional/Behavioral

Does your child currently present with any emotional or behavioral concerns? Yes No

If yes, please describe:

If you answered yes to the above question, please note when these concerns started:

Are there specific triggers that lead to the emotional/behavioral concerns? Yes No

If yes, please describe:

Are your child's emotional/behavioral difficulties present both at home and in school? Yes No

Please describe:

Does your child have difficulties sleeping? Yes No

If yes, please describe:

Please list any unusual, traumatic, or stressful events in your child's life that you think might have had an impact on his/her development and current functioning:

Please list family members who have a history of emotional and/or behavioral difficulties:

Has your child ever participated in school or outside counseling? Yes No

If yes, please describe:

Is your child currently participating in school or outside counseling? Yes No

If yes, please note:

When the child began counseling:

How often the child attends counseling:

Primary concern addressed during counseling:

Counselor name:

Organization:

By signing below, I understand that this information will be a part of my child's school record and may be used by the Pelham School District for evaluation reports and educational planning.

Parent Signature _____ Date: _____