

Lago Vista ISD - Rtl Student History Parent Summary

Demographic Information

Name of Student		Date of Birth	
Age		Phone Number(s)	
Address			
Mother's Name		Father's Name	
Guardian's Name (If applicable)		Guardian's Name (If applicable)	
Student lives with:	<input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Other children living in home (name, age, relationship)			
Other adults living in home (name, age, relationship)			

Educational History

Names of schools attended:	
Has your student been retained? If so, what year and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student attended summer school? If so, what years and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your student received tutoring outside the school? If so, please list with who and subjects?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health History

Does your student have any vision concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your student have any hearing concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your student have any chronic illnesses or health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your student have any medical or psychiatric diagnoses?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Does your student see any specialists?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:
Does your student take any routine medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Has your student had any side effects since beginning medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Briefly describe any serious illnesses, accidents, or hospital stays:	Please include student's age:
Do you have any concerns regarding your student's sleeping/eating patterns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Is your student receiving services from another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe agency and service:
Other Information:	

Strengths and Interests

What are some of your student's strengths (not school related)?	
What does your student enjoy doing when not in school? (interests, sports, hobbies, activities)	
What activities does your student enjoy?	
What is your student's greatest academic strength?	
Other Information:	

Educational Concerns

What are your concerns at this time?	
When were you first aware of this concern or when did it begin?	
What do you think is causing (or contributing) to this concern?	
What do you think could help?	
Has your student mentioned the concern? If so, how does he/she feel about it?	
What information would you like to gain about your student?	
Have any close or extended family members had similar concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Social Skills and Emotional/Behavioral Functioning

Do you feel that your student demonstrates age appropriate social skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Does your student have friendships?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Do you have any concerns in regards to friendships?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your student respond well to new or stressful situations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Do you have any behavioral concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your student have disciplinary challenges at home? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you have any further social, emotional, or behavioral concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Other Information

Is there other information you would like to provide that you think would help us meet your student's needs?	
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If you have any questions, comments, or concerns regarding this information please contact your student's principal.

Signature of Survey Responder

Date

Relationship to Student