

PARENT/GUARDIAN COMPLETES THIS SECTION

Student's Name: _____ **School:** _____

INFORMATION UPDATE:

Please describe any changes that may have taken place in your child=s life since the last evaluation (dated _____) that may be affecting his/her school performance (e.g. divorce/separation of parents, serious or ongoing illness of family member, death of family member, incarceration, counseling or therapy, medication , services through Madison Center, etc.):

Please list any serious illnesses, injuries, or surgeries your child has experienced. Also note the approximate date (or child=s age at the time): _____

Child=s

Pediatrician: _____

Does your child presently have any medical problems (illnesses, etc.)? Yes ___ No ___

If yes, please describe _____

Diagnosed when? _____

Does your child take any medication on a regular basis? Yes ___ No ___

If yes,

<u>Medication Name:</u>	<u>Purpose:</u>	<u>Dosage</u>	<u>Start Date:</u>	<u>Side Effect:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Place ** next to medications listed above which are taken at school.

Medications taken in the past, but not presently: _____

Has your child been formally tested/evaluated within the past three years? Yes ___ No ___

If yes, Date _____ Name of agency/evaluator _____

Does your child have a probation officer? Yes ___ No ___ If yes, name: _____

Does your child receive counseling? Yes ___ No ___ If yes, with whom: _____

Describe your child's interests _____

What are the positive characteristics that describe your child socially/emotionally? _____

From the parent/guardian perspective, describe your child's current difficulties (academic or behavioral)

What accommodations work best for your child in school ? _____

Indicate any other information that the Multi-disciplinary team should know about your child _____