



CHILD ASSESSMENT - CONFIDENTIAL CASE HISTORY FORM

Personal Details

Child's Name: _____ Male Female:

Date of Birth: _____ Age: _____ Referred by: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Home Address: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

Other Children in family: Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Child lives with: Parents: Mother: Father: Other: (please specify): _____

Current School: _____ Year: _____

Why has your child been referred for an assessment? _____

Patterns of Development

Pregnancy and birth history (please describe any complications) _____

Did your child crawl on all fours? Yes No Walked unaided at what age: _____

Began linking words (2-3 word sentences) at what age: _____

Speaking achievement similar to children: Younger Same Older

List three things your child is good at either in school, home or with others: _____



Medical History

Has your child had any significant health issues, operations or accidents? Yes No If yes, what?

Vision assessed? Yes No By whom? _____

When assessed? _____ Please attach a copy of the report

Results of Assessment: _____

Hearing assessed? Yes No By whom? _____

When assessed: _____ Please attach a copy of the report

Results of Assessment: _____

Is your child currently taking medication? Yes No

If yes, what for: _____

Name of doctor/specialist: _____ Medication: _____

Have there been any events in your child’s life that may have affected their emotional well-being?

Parent separation ; Death of a family member ; Change of school Other (specify)

Have there been any other assessments?

SPELD Paediatrician Speech Therapy Occupational Therapy ; RT:LB ; Psychologist

Name of Assessor: _____ Please attach a copy of the report

Patterns at School:

Attended: Day-care: Yes No Play Centre: Yes No Kindergarten: Yes No

Started school at _____ years old. How many schools since age 5: _____

Has school attendance been regular? Yes No

Has your child received support for learning difficulties either in school or privately? Yes No

Reading Recovery RT:LB Teacher-Aide Support Kip McGrath

Other Please state: _____

Estimate your child’s overall ability: Above Average
Average:
Below Average:



Background Data:

Please circle/tick the face that suits your child

Maths: Basic Facts: 😊 😐 😞 Word Problems: 😊 😐 😞

Reading:

Reading Comprehension: 😊 😐 😞 **Decoding/sounding out words:** 😊 😐 😞

Oral Language: Understanding/following instructions: 😊 😐 😞 **Speech:** 😊 😐 😞

Writing: Spelling: 😊 😐 😞 Ideas: 😊 😐 😞

Handwriting: 😊 😐 😞 Please circle: Left or Right-Handed

Physical Skills: Balance and Co-ordination: 😊 😐 😞

Social Skills in relation to: Teachers: 😊 😐 😞 Parents: 😊 😐 😞

Siblings: 😊 😐 😞 Friends: 😊 😐 😞

Does your child participate in any sporting/physical activities ? Yes No _____
(including sports teams, individual sports, dance, martial arts, gymnastics)

Does your child have difficulty with any of the following?

Organisation: Yes No

Memory: Yes No

Concentrating: Yes No

Have any members on either side of the extended family (eg parents, grandparents, uncles, aunts, cousins) had significant reading, spelling or maths difficulties?: _____

Does your child exhibit any of these characteristics? :

- Lack concentration
- Easily distracted
- Dreamy
- Appears not to hear when asked to do things
- Has difficulty following directions
- Lacks organisation
- Over-active
- Restless
- Poor Sleeper
- Clumsy/poor co-ordination
- Weak ball-handling skills
- Acts the dare-devil
- Does not relate well to peers
- Attention-seeking behaviour
- Aggressive
- Behaviour problems at school
- Behaviour problems at home
- Dislikes school
- Withdrawn
- Sad
- Poor self-esteem
- Anxious
- Fearful



Please include:

1. Copy of your child's most recent school report
2. Sample of your child's writing (not edited by teacher or parent)
3. A note from his/her teacher briefly stating learning problems and what has been done.

I agree to this information being used by SPELD for my child's teaching and learning needs, no identifying information will be released to others without my permission.

Signed: _____ Date: _____