

EDUCATIONAL PLANNING AND COUNSELING SERVICES

SPECIAL NEEDS PARENT ASSESSMENT

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: _____ AGE _____ GRADE _____

SCHOOL PRESENTLY ATTENDING _____

CITY/STATE/COUNTRY _____ CITIZENSHIP _____

CURRENT GRADES ARE __EXCELLENT__ __AVERAGE__ __GOOD__ __POOR__ __FAILING__

BRIEFLY DESCRIBE: YOUR CHILD'S PROBLEM:

BRIEFLY DESCRIBE: HOW LONG THIS PROBLEM HAS EXISTED:

BRIEFLY TELL US WHAT STEPS YOU HAVE TAKEN IN ADDRESSING THE [PROBLEM

HAVE THESE STEPS WORKED __YES__ __NO__

BRIEFLY: TELL US HOW AND WHY YOU CONTACTED OUR EDUCATIONAL CONSULTANT

WHAT TYPE OF HELP DO YOU BELIEVE YOUR CHILD NEEDS? DESCRIBE:

WHAT TYPE OF SCHOOL ARE THEY CURRENTLY ATTENDING?

___PUBLIC ___PRIVATE

NAME OF THE SCHOOL

ADDRESS" _____

CITY AND STATE _____DISTRICT _____

HOW LONG HAVE THEY BEEN AT THIS SCHOOL _____?

DO THEY LIVE IN THE DISTRICT? ___YES ___NO

WHAT TYPE OF SCHOOL HAVE YOU BEEN LOOKING AT?

___BOARDING SCHOOL-____DAY SCHOOL ___PRIVATE SCHOOL OR

PUBLIC SCHOOL ___OTHER:_____

BRIEFLY DESCRIBE YOUR CHILD'S GRADE LEVEL, AND HOW THEY ARE PERFORMING IN SCHOOL NOW?

WOULD YOU CONSIDER THEM ATTENDING A THERAPEUTIC BOARDING SCHOOL? WHAT SEMESTER AND YEAR WOULD YOU IS LOOKING TO BE ENROLLED?

HAS YOUR CHILD EVER ATTENDED A INDEPENDENT SCHOOL BEFORE?

YES ___NO ___ DATE _____YEAR?

HAS YOU CHILD EVER TAKEN A STATE PROFICIENCY EXAM ?

RESULTS _____

WHAT IS YOUR CHILD IQ

DOES YOUR CHILD HAVE ANY DEVELOPMENTAL DISABILITIES?

WHAT TYPE _____

ANY PHYSICAL DISABILITY

WEARS GLASSES

HEARING LOSS

DIFFICULTY WALKING OR STANDING

WHAT COST COULD YOU AFFORD IN SENDING YOU CHILD TO A PRIVATE SPECIALIZED SCHOOL?

_____ LESS THAN 20,000 _____ BETWEEN 20-60,00 _____ OVER 60,000

DESCRIBE _____

WHAT AREAS OF INTEREST DOES YOUR CHILD HAVE? (FINE ARTS, MUSIC, DANCE, ATHLETICS)

WHAT ACTIVITIES ARE THEY CURRENTLY INVOLVED IN

HOW LONG _____

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG

WHAT ARE RESULTS: (IF NOT TAKEN PUT NONE)

BRIEFLY DESCRIBE WHY YOU SON OR DAUGHTER IS INTERESTED IN ATTENDING A BOARDING SCHOOL OR LIVING AT A SCHOOL AND HAVE YOU TALKED TO THEM?

HOW WOULD YOU DESCRIBE YOUR CHILD'S OVERALL LEVEL OF CONFIDENCE?

WOULD YOU SAY YOU CHILD IS THE FOLLOWING ACADEMICALLY:

EXCEPTIONAL____ GIFTED____ AVERAGE _____ BELOW AVERAGE _____

DOES YOUR CHILD HAVE A CURRENT IEP_____ WHEN WAS IT LAST REVIEW_____

DID YOU ATTEND THE MEETING_____

WHO WAS PRESENT?_____

RESULTS OF THE IEP :

HOW WOULD YOU CHILD COMPETITIVENESS? ABILITY TO INTERACT WITH OTHERS?

VERY MATURE____ SOMEWHAT MATURE_____ NOT MATURE AT ALL _____ GOOD STUDY HABITS____ VERY POOR_____

HOW WOULD YOU DESCRIBE YOUR CHILD'S ABILITY TO INTERACT WITH OTHERS?

____VERY GOOD ____ACCEPTABLE_____ DIFFICULT OR CHALLENGED

HOW WOULD YOU DESCRIBE YOUR CHILD'S OVERALL PHYSICAL HEALTH?

DESCRIBE IN DETAIL AND CHECK THE AREAS WHICH APPLY:

____EXCELLENT ____GOOD _____FAIR_____ NOT SO GOOD ____POOR

TO YOU KNOWLEDGE HAS YOUR CHILD EVER USE OR EXPERIMENTED WITH DRUGS

____YES ____NO

EXPLAIN IN DETAIL:

TYPE OF DRUGS AND USE:

HAS YOUR CHILD EVER EXPERIENCED ANY TRAUMA OR EVENT WHICH HAS CAUSED YOU CONCERN?

DATE OF THE EVENT: _____ YEAR_____

HAS YOUR CHILD ENGAGED IN SELF DESTRUCTIVE BEHAVIOR? (STEALING, LYING, AND NOT FOLLOWING DIRECTIONS.

DESCRIBE YOUR CHILD'S OVERALL SELF ESTEEM?

IS YOUR CHILD TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

WHAT IS THE NATURE OF THEIR CONDITION?

HOW LONG HAVE THEY BEEN UNDER THIS CARE?

WHO WAS THE DOCTOR: _____ MAY WE CONTACT THEM

ADDRESS

CITY/STATE/COUNTRY

WOULD YOU DESCRIBE YOUR CHILD'S OVERALL HEALTH AS?

_____ EXCELLENT _____ GOOD _____ NOT SO GOOD _____ VERY POOR

AGREEMENT

BY GIVING CONSENT THE PARENT SIMPLY AGREES TO ALLOW THE EDUCATIONAL CONSULTANT TO WORK ON BEHALF OF THE FAMILY IN A PLACEMENT OR SCHOOL OR PROGRAM.

PARENT SIGNATURE

FULL NAME/PLEASE PRINT

ARE YOU THE LEGAL GUARDIAN OR PARENT ____YES ____NO?

WHO IS THE LEGAL GUARDIAN _____?

DO YOU HAVE JOINT CUSTODY? _____

ADDRESS

CITY/STATE/COUNTRY/

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

DATE/MONTH/YEAR COMPLETED ASSESSMENT

PLEASE FAX THE FORM TO OUR FAX: 623 322-9481