



15 Brickyard Road, Suite 1
Essex Junction, VT 05452
Office (802) 355-7753
rise@kingfisherlearning.com

ADULT HISTORY FORM

Name : _____

Birth date: _____

Home address: _____

Home phone: _____ **Cell phone:** _____

Email Address: _____

Parent(s) Names, addresses:

Emergency Contact (name, number, address): _____

Who referred you to Kingfisher Learning Services?

Why are you seeking a psychoeducational evaluation?

BIRTH/DEVELOPMENTAL HISTORY

PREGNANCY:

1. Were you adopted? Yes ____ No ____

2. Age of mother at delivery ____

3. Age of father at delivery ____

4. Length of Mother's Pregnancy ____

5. Were there any prenatal complications?

Yes ____ No ____

If yes, please describe? _____

LABOR & DELIVERY:

Birth Weight: ____pounds ____ounces

<i>Labor and Delivery</i>	Yes	No	If yes, Explanation
Was birth a caesarean section?			
Were there any birth complications?			
Were there any breathing problems?			
Other Complications?			

<i>Developmental Milestones</i>	<i>Age (in months)</i>
Sit alone	
Walk alone	
Speak 1st words	
First put words together meaningfully	
Talk in complete sentences	
Become toilet trained for bladder	
Become toilet trained for bowel	

2. Do you have a history of speech or language problems?

yes ____ no ____

If yes, please describe: _____

3. Is English your first language?

yes ____ no ____

If no, what is your first language? _____

How old were you when you learned to speak English? _____

MEDICAL HISTORY

Name of Physician _____

1. Have you had any of the following?

	Yes	No	Age	If yes, Explanation
Head Injury				
Meningitis				
Encephalitis				
Seizures				
High Fever				
Strep Throat				
Ear Infections				
Myringotomy tubes (tubes in ears)				
Vision Problems				
Hearing Problems				
Heart Disease				
Asthma				
Chicken Pox				
Mumps or Measles				
Allergies				
Other serious illness _____				

2. Are you currently taking any medications? yes____ no____

If yes,

Medication	Dosage	Dates	Reason	Prescribed by

3. Have you had any of the following tests?

	Yes	No	Date	Result
Eye Exam				
Hearing Test				
EEG				
MRI				
CT Scan				

4. Have you ever been hospitalized? yes____ no____

If yes, please specify the reason for hospitalization, as age:

FAMILY MEDICAL HISTORY

1. Is there anyone in your immediate or extended family who has (or had) any of the following

	Yes	No	If yes, who (relation to child)
Learning problems			
Neurological disease			
Seizures (epilepsy)			
Developmental/Intellectual Delay			
Attentional problems			
Behavioral problems			
Alcohol/Substance Abuse			
Depression			
Anxiety Disorder			
Obsessive-Compulsive Disorder			

SOCIAL AND BEHAVIORAL HISTORY

Client's brother(s):			
Name:			
Age:			
Grade:			
Grades repeated:			
Learning problems:			

Client's sister(s):			
Name:			
Age:			
Grade:			
Grades repeated:			
Learning problems:			

5. What are your interests/hobbies?

6. How would you describe your personality?

8. Have you ever experienced social difficulties either as a child or adult?

9. Have you received any psychological or psychiatric treatment, i.e., therapy, counselling, etc.?

yes____ no____

10. If yes, please complete below:

Provider	Reason	Dates

EDUCATIONAL HISTORY

1. At what age did you begin school? _____

2. What grade/year are you currently in? _____

3. If currently in school, what school do you attend? _____

School Address: _____

4. Please list all schools you have attended:

Grade(s)	Name of School	Years Attended

5. Within the past year have school personnel reported any problems with:

	Yes	No	Indicate nature of problem
Reading			
Spelling			
Writing			
Mathematics			
Behavior			
Social Adjustment			
Attention Span			
Following Directions			
Getting Work Done			

Being on time and organized?			
Remembering information			
Planning and prioritizing			

6. If you had any difficulties in school (academic or behavioral), in what grade did these problems start? _____

7. Briefly describe your school experiences with regard to academic performance:

8. What kinds of grades do you typically earn? _____

9. Have you ever:

	Yes	No	Grade(s)	Description
Been in accelerated classes or classes for the gifted?				
Been retained in any grade?				
Received tutoring?				
Received resource support?				
Been in a self-contained Special education classroom?				

10. Have you been tested before for academic, learning or behavioral issues?

yes___ no___ If yes, please complete the following section:

Evaluator	Place of Evaluation	Date	Conclusions

11. Have you ever been eligible for special education services?

yes___ no___ If yes, is it because of (check all that apply):

Learning Disability _____
 Learning Impairment _____
 (intellectually handicapped)
 Speech/Language Impairment _____
 Emotional/Behavioral _____
 Other Health Impaired (ADHD) _____

12. Please specify any special education support or tutoring you have received or are currently receiving:

	Grade(s)	Description/By Whom
Reading		
Written Language		
Math		
Speech and Language		
Other		

If you are currently a student, complete the following section. Please answer completely and truthfully. It is important to have accurate information in order to best serve you.

1. How is your class attendance? (Explain)
2. How often do you participate in class (such as answering questions or engaging in a classroom discussion)?
3. Tell me how you prepare for your daily classes.
4. Explain how you prepare for tests (include how, when, and where you study).
5. If you need help, where do you go for assistance? If you do not seek help, can you explain why?
6. What specific difficulties did you face in your classes last semester (or currently)? What challenges are you experiencing or that you foresee with academics this semester?
7. Do you use a planner? Yes_____ No_____
8. Is there additional information you would like to share that you think will be helpful? Feel free to add a page or write on the back of this form.

Thank you for completing this form.

Form Completed by: _____ **Date:** _____

PLEASE ENCLOSE ANY PREVIOUS REPORTS TO MAXIMIZE THE BENEFITS OF THIS EVALUATION AND TO ASSURE THAT THE SAME TESTS ARE NOT GIVEN TWICE, POSSIBLY INVALIDATING RESULTS.