Lago Vista ISD - RtI 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:	☐ Both ☐ Mother ☐ Father ☐ 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?	☐ Yes ☐ No
Has your student attended summer school? If so, what years and why?	☐ Yes ☐ No
Has your student received tutoring outside the school? If so, please list with who and subjects?	☐ Yes ☐ No

Developmental History

Were there any concerns before, during, or immediately after birth?	☐ Yes ☐ No If yes, please explain:
Did your student meet motor developmental milestones such as sitting, crawling, and walking at typical times?	☐ Yes ☐ No If no, please explain:
Did your student meet communication milestones such as first word, putting words together, and talking in sentences at typical ages?	☐ Yes ☐ No If no, please explain:
Did you have any developmental concerns prior to entering the school setting?	☐ Yes ☐ No If yes, please explain:

Health History

Does your student have any vision concerns?	☐ Yes ☐ No If yes, please explain:

Does your student have any hearing concerns?	☐ Yes ☐ No If yes, please explain:
Does your student have any chronic illnesses or health concerns?	☐ Yes ☐ No If yes, please explain:
Does your student have any medical or psychiatric diagnoses?	☐ Yes ☐ No If yes, please explain:
Does your child see any pediatric specialists?	☐ Yes ☐ No If yes, please list:
Does your student take any routine medications?	☐ Yes ☐ No If yes, please explain:
Has your student had any side effects since beginning medication?	☐ Yes ☐ No If yes, please explain:
Does your student use any specialized equipment or technology to improve functioning?	☐ Yes ☐ 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?	☐ Yes ☐ No If yes, please explain:
Is your student receiving services from another agency?	☐ Yes ☐ 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 do you enjoy as a family?	
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?	
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?	☐ Yes ☐ No If yes, please explain:

Social Skills and Emotional/Behavioral Functioning

Does your student demonstrate age typical social skills?	☐ Yes ☐ No If no, please explain:
Does your student have friendships?	☐ Yes ☐ No If no, please explain:
Do you have any concerns in regards to friendships?	☐ Yes ☐ No If yes, please explain:
Does your student respond well to new or stressful situations?	☐ Yes ☐ No If no, please explain:
Do you have any behavioral concerns?	☐ Yes ☐ No If yes, please explain:
Does your student have disciplinary challenges at school or at home? If so, please explain.	☐ Yes ☐ No If yes, please explain:
Do you have any further social, emotional, or behavioral concerns?	☐ Yes ☐ No If yes, please explain:

Communication Skills

What language does your student typically speak at home?	
Do you have any concerns regarding your student's listening comprehension skills (understanding what he/she hears)?	☐ Yes ☐ No If yes, please explain:

Do you have any concerns regarding your student's oral expression? Such as how your child speaks or ability to put thoughts into words/sentences?	☐ Yes ☐ No If yes, please explain:
Do you have any other communication concerns?	☐ Yes ☐ No If yes, please explain:

Other Information

Other information you would like to provide?	

If you have any questions, comments, or concerns regarding this information please contact you student's principal.

_____ _____

Signature of Survey Responder Date

_____

Relationship to Student