COUGAR LITERACY CLINIC
Southern Illinois University Edwardsville
Founders Hall Room 1317, Campus Box 1122
Edwardsville, Illinois 62026-1122
(618) 650-3596

For Office Use Only Date Received:

FAMILY FORM
This form along with the Teacher Form is required for the application to the Cougar Literacy Clinic. It is intended to provide information which will be helpful to us in understanding your child. Please answer as fully as possible and return to the above address. Thank you!

Child's Name:________________________________ Age:__________ Date of Birth:__________________

Address:____ Phone:__________________________

City:____ State:__________ Zip Code:____________

School:_____________________________________ District: _______________ Grade:________________

FAMILY DATA

	FATHER OR GUARDIAN	MOTHER OR GUARDIAN
Name:		
Work Place:		
Work Phone:		
Cell Phone:		

Names of Brothers and Sisters:	Age	Grade or Occupation

Language other than English spoken in the home ____

COUGAR LITERACY CLINIC TESTING AUTHORIZATION

I give permission for SIUE students/clinicians and faculty to administer and analyze ability, achievement, and diagnostic assessments to my child ______________________________________. I give permission for the Cougar Literacy Clinic to audio and video tape my child during assessment or tutoring sessions. I give permission for clinicians to prepare a case report on my child's literacy development, providing copies for me and his/her school. I understand that this information with remain confidential within the Cougar Literacy Clinic.

SIGNATURE ____ DATE__________________

DEVELOPMENTAL HISTORY

Does your child have any health problems? _______ If so, please describe them:_________________________

____

Date of last physical exam __________________ Does your child currently take any medications? ___________

If so, please specify and explain their purpose: ____

Does your child have a physical disability? ______ If so, please describe: _______________________________

____

List complications at birth, serious illnesses, injuries or surgeries and the age at which each occurred:

____

____

Does your child have any difficulties with fine motor skills (writing, holding a pencil, cutting)?________________

Is your child: ______right-handed *or* ______ left-handed? Does he/she change use of hands? ________

Does your child have any vision problems? _______ If so, please describe:_________________________________

____

Does your child wear glasses or contacts? _____ If so, when did he/she begin to wear them? ________________

Date of last vision exam _____________ By whom? ___________(Optometrist, Family Doctor, School Personnel)

Does your child have any hearing problems? ______ If so, please describe _____________________________

____

Does your child wear hearing aides? _______

Date of last hearing test _________ By whom? ______________(Audiologist, Family Doctor, School Personnel)

Did or does your child have any delays in language development? ________ If so, please describe____________

____

Does your child have any speech problems? ________ If so, please describe: ____________________________

____

Has your child had a psychological exam? _________ Date of exam __________________________________

Examined by whom? ____(school or private)

EDUCATIONAL HISTORY

How is your child doing in school? ____

When was the difficulty in reading and/or writing first noticed? ____

What were the initial concerns?____

Has your child ever received any special services at school (Reading, Writing, Math, Speech, Language, Special Education- Learning Disability, Behavioral Disability, Physical Therapy, Occupational Therapy)_______________

____

When?_____________________________ How often? __________, How much time per day? _______________,

Does your child have an Individualized Education Plan (IEP)? ________ If so, please bring a copy.

Has your child been tutored in reading? _________ By whom? ____

For how long? _______________________Was it discontinued? ____________ How long ago? _____________

As compared with other children of your child's age, do you think that your child's general development is:

_______ above average _______average ________below average

Please provide a copy of report cards or any testing results.

BEHAVIOR, INTERESTS, and ATTITUDES

How does he/she get along with other children and adults in the family? _________________________________

How does your child interact with other children? ____

How does your child interact with other adults? ____

Who does he/she play with or hang out with in the neighborhood or at school? ____________________________

____

What are his/her usual dispositions?____

(circle all that apply) cheerful, cooperative, unhappy, concerned, sleepy, content, outgoing, complaining, excited, shy, changes moods quickly, frustrated, amused, angry

Is there evidence of any anxiety such as tensions, fears, or insecurity? ________ If so, please describe________

____

List your child's hobbies and major activities: ____

____

How much time does your child spend watching TV or playing video games? ______________________________

In what subjects does your child achieve best? ____

In what subjects does he/she show poorest achievement? ____

What is your child's attitude toward school? ____

ATTITUDE SCALE

Please indicate your observation of your child's reading abilities and attitudes.

A = Strongly Agree **B** = Agree **C** = Disagree **D** = Strongly Disagree

My child:	*Circle One*	*Comments*
1. Can remember and tell you about what he/she reads.	A B C D	
2. Enjoys being read to by family members.	A B C D	
3. Finds time for quiet reading at home.	A B C D	
4. Attempts to figure out words if they don't make sense.	A B C D	
5. Enjoys reading to family members.	A B C D	

6. Enjoys writing on his/her own (journals, stories) A B C D
7. Wants to write to others (notes, letters, e-mails) A B C D
8. Enjoys sharing his/her writing A B C D
9. Chooses to write about books or topics from school A B C D
10. Is able to complete homework assignments. A B C D

Strengths I see: ____

____

____

Areas that need improvement: ____

____

____

Concerns or questions I have: ____

____

____

Please add any information that you think will be helpful to us in understanding and teaching your child.

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____

____

Name of person filling out form ____

Relationship to child ____

SIGNATURE____DATE____________________