TUSCOLA INTERMEDIATE SCHOOL DISTRICT
Student Assistance Team
Parent Form

Student Information
Student's Name:_____________________________ Birthdate:_____________________
Form Completed by:___________________________ Phone:_______________________
Relationship to Child:_____________________________________________________
Address:_________________________________________________________________

Health History
List any complications during pregnancy or delivery
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Was your child premature?_______________________________________________

Check any that apply:
_____ Allergies   _____ Ear Infections
_____ Asthma   _____ Diabetes
_____ Head Injuries   _____ Seizures/Convulsions
_____ Vision Problems   _____ Hearing Problems
_____ Heart Conditions/Problems   _____ Toileting Problems
_____ Sleep Problems
_____ Accidents, Hospitalizations, Surgeries; Please Explain:_____________________

_____ Other ____________________________________________________________

Is your child currently taking any medications? Please list:
____________________________________________________________________
____________________________________________________________________

Social/Emotional History
Describe any recent changes in your child’s health and behavior
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What are your child’s interests/favorite activities?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What concerns do you have about your child?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
When were you first alerted? ______________ Have you sought help? Yes/No
If yes, where, from whom, when? ________________________________

Personality Traits and Behaviors Best Describing your Child:

_____ sad   _____ independent   _____ prefers to be alone
_____ moody   _____ even tempered   _____ attempts to hurt self
_____ leader   _____ dependent   _____ is unusually fearful
_____ quiet   _____ affectionate   _____ hard to discipline
_____ happy   _____ very active   _____ has temper tantrums
_____ follower   _____ very active   _____ is unusually
_____ attempts to hurt others   _____ has temper tantrums   _____ other ______

Your child plays best:

_____ alone   _____ with adults
 _____ with others own age   _____ with older children

Your child is disciplined by:

_____ verbal reprimand   _____ occasional spankings
 _____ time outs   _____ other___________

**Family Information**
List names and ages of family members/others living in home:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Have there been any major changes in the child's life? (e.g. divorce, death, house fire, illnesses)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Is there a family history of learning problems, ADHD, mental illness? (Please describe)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I give permission for the Student Assistance Team to review this information and discuss how to best help my child. I understand this information will be treated in a confidential manner.

Parent Signature ____________________________  Date ___________