

**Attention & Learning Assessment Services PLLC**

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**BACKGROUND HISTORY QUESTIONNAIRE**

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Sex: M F

Name of person completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Who referred you for this evaluation: \_\_\_\_\_

Have you consulted (or plan to) with an attorney about your child’s condition:    Yes    No

**Purpose of Evaluation**

Describe the main problems or concerns for which you are seeking this evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received an evaluation or treatment for these problems or concerns? If yes, when and by whom?

\_\_\_\_\_  
\_\_\_\_\_

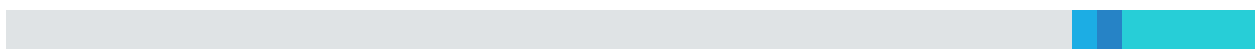
What are you hoping to learn or gain from this evaluation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information**

Please list all members of the household

Name	Sex	Age	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Parent 1** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Parent 2** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Other Caregiver's** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Other Caregiver's** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Parents are currently:** Married      Separated      Divorced      Unmarried      Widowed

If divorced, who has legal custody? \_\_\_\_\_

Visitation arrangements: \_\_\_\_\_

Is this child (circle one):      Biological      Adoptive      Foster      Other: \_\_\_\_\_

**Are any languages** other than English spoken in the home? No Yes : \_\_\_\_\_

What language does your child prefer for communication? \_\_\_\_\_

**Please list anyone in the immediate /extended family with learning/attention problems:**

<b>Person</b> (parent, brother, sister, grandparent, uncle, etc)	<b>Type of problem</b> (learning disability, ADHD reading, math, language processing problems, etc.)
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_____	_____
_____	_____
_____	_____
_____	_____

**Please list anyone in immediate/extended family with behavioral/emotional problems:**

<b>Person</b> (parent, brother, sister, grandparent, uncle, etc)	<b>Type of problem</b> (depression, anxiety, bipolar, drug/alcohol abuse, schizophrenia, legal troubles, etc.)
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_____	_____
_____	_____
_____	_____
_____	_____



Please briefly describe any family stresses your child has experienced in the last few years (e.g., death, serious illness, unemployment, marital problems, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has anyone in the immediate or extended biological family suffered from seizures/epilepsy, intellectual disability (mental retardation), genetic conditions? \_\_\_\_\_  
 \_\_\_\_\_

**Birth Information**

Did the biological mother receive regular medical care during the pregnancy? YES NO

Please describe any problems during pregnancy (e.g., diabetes, toxemia, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Did the biological mother smoke cigarettes during the pregnancy? YES NO

Did the biological mother consume alcohol during the pregnancy? YES NO

If yes, please list when \_\_\_\_\_

Did the biological mother use illegal substances during the pregnancy? YES NO

If yes, please list \_\_\_\_\_

Did the biological mother take medications during the pregnancy? YES NO

If yes, please list \_\_\_\_\_

Pregnancy length (weeks) \_\_\_\_\_ Birth weight? \_\_\_\_\_ Apgar Scores : \_\_\_\_\_

Please describe any problems with labor/delivery:  
 \_\_\_\_\_  
 \_\_\_\_\_

Did baby require any special care shortly after birth? If yes, please describe the type of care (e.g., oxygen, incubator, blood transfusions, medications, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Skill	Age Completed
Sat Unassisted	
Crawled	
Stood Unassisted	
Walked Unassisted	
Said Single Words	
Combined 2-3 words	
Toilet Trained	

Which hand does your child prefer for writing? \_\_\_\_\_ eating? \_\_\_\_\_ sports? \_\_\_\_\_

Compared to other children, do you feel your child has had any problems with:

Yes	No	Item	Explanation
		Learning to talk	
		Understanding language	
		Unclear speech	
		Puzzles, drawing, blocks	
		Walking, running, bike riding	
		Buttoning, zippers, drawing	
		Toilet training	
		Sleep	
		Separating from parents	
		Unusual fears	
		Early preschool skills	
		Social or play skills	
		Unusual interests, habits, or routines	
		Sitting still	
		Blurting out	
		Concentrating	
		Managing frustration	
		Aggression	
		Sadness	
		Self-esteem	
		Other	

**Medical Information**

Primary Medical Provider Name: \_\_\_\_\_ Office: \_\_\_\_\_

Other medical specialists involved in your child's care: \_\_\_\_\_

List of medical conditions (include hospitalizations, surgeries, head injuries/concussions, history of chronic ear infections, symptoms of concern like headaches, abdominal pain, vision or hearing problems): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any medications?      YES                  NO

If yes please list:      **Medication/Dose**                          **Reason for taking**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list current therapists or specialists your child is seeing

<b>Specialist/Therapist</b>	<b>Type of Therapy</b>	<b>Organization</b>	<b>School-based or outpatient</b>

Has your child ever been evaluated or treated by a psychologist, psychiatrist, or counselor (who, for what reason)? \_\_\_\_\_  
\_\_\_\_\_

Does your child have serious emotional/mood problems? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have serious behavior problems? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child been arrested or involved in the legal/court system? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

**School Information**

Name of current school: \_\_\_\_\_

District: \_\_\_\_\_ Grade: \_\_\_\_\_ Current teacher: \_\_\_\_\_

Best contact person at school (I will not contact without your permission): \_\_\_\_\_

Has your child ever repeated a grade (held back)? \_\_\_\_\_ If yes, what grade(s)? \_\_\_\_\_

Has your child ever had an IEP or 504 plan?    **IEP**    **504**    **ILP**    **RTI-plan**    **Other**

If so, why? \_\_\_\_\_

Is it ongoing? \_\_\_\_\_ What grade was it started? \_\_\_\_\_ When was child last evaluated? \_\_\_\_\_

**If your child has an IEP or 504, please include the most recent copy and any recent evaluations**

Over the years, how have teachers described your child? \_\_\_\_\_

Does your child have relative strengths and weaknesses at school? \_\_\_\_\_

What are your child's grades/marks (A, B, C, D, F, proficient/not proficient, GPA)? \_\_\_\_\_

How long does your child typically spend on homework and what supports are needed? \_\_\_\_\_

How motivated is your child to succeed at school (circle)?    Highly    Average    Less

Has your child ever received school services (speech/language, PT, OT, academic, counseling)? \_\_\_\_\_

Has your child ever been given any learning, psychological or other diagnoses? If so, by whom? \_\_\_\_\_

Has your child ever been expelled from school or suspended? If so, why? \_\_\_\_\_

**\* Please have your child's teacher fill out and return a teacher questionnaire**

**Social/Personal**

Please describe how your child gets along with others (peers, older/younger children, adults, authority figures, caregivers)? \_\_\_\_\_

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What activities is your child involved in and enjoy doing when not in school? \_\_\_\_\_

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What do you consider your child's areas of strength? \_\_\_\_\_

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What do you consider your child's areas of weakness (not already described)? \_\_\_\_\_

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**Contact Information**

Parents/Primary Caregivers: \_\_\_\_\_

Street Address: \_\_\_\_\_

Preferred Telephone #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

*Thank you kindly for taking the time to fill out this form!*

*Sincerely,*

**Dr. Stephanie Sharp**

**Attention & Learning Assessment Services PLLC**

