

Nancy Whittington, M.Ed.

HISTORY AND INFORMATION

Name _____

Gender _____ Age _____ Date of Birth _____

School _____ Current grade level _____

Teacher or Advisor _____

Parents _____

Address _____

City/State _____ Zip _____ Phone#(____) _____

E-mail address _____

Who referred
you? _____

Describe as fully as you can your reasons for seeking this evaluation:

Person Completing this form _____

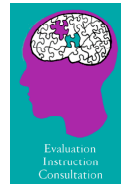
HISTORY

Medical and Developmental

Was this child adopted? Yes _____ No _____. If yes, his/her age
at time of adoption _____. Birth weight _____.

Any remarkable prenatal or obstetrical history? _____

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Dallas, TX 75230
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F (214)739-2568
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Developmental Milestones

Please give approximate ages of appearance (months/years)

Held head erect _____ Rolled over from back to stomach _____

Sat unsupported _____

Crept or crawled _____ How long? _____

Stood alone _____ Walked unattended _____

Talked, first words (when) _____

Talked in short sentences(when) _____

Was toilet trained _____ Easy _____ Difficult _____

Began to count _____ Learned to skip _____

Could pretend _____ Began to say alphabet _____

Please note any significant illnesses or injuries and age when occurred _____

Any medications taken regularly? _____ for _____

Was medication given on testing date? _____

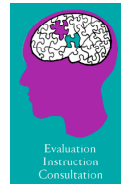
Any history of frequent ear infections? _____ Allergies? _____

Any problems with sleep? _____ Please describe _____

Vision and hearing were last checked _____

Findings _____

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Family History

Please list by name the student's immediate family, including yourself:

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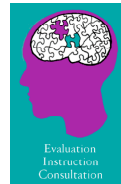
Member	Age	School/ grade placement or degree	Any school problems?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School History

Please list schools attended beginning with preschool or Kindergarten

School	Age	Grade	Location (City)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any grades repeated? _____ If yes, what grade? _____



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Grade/performance history (in general) by
years_____

School work:

Subjects done easily_____ with difficulty____

Needs help

with_____

Usually studies: When_____ How long_____

Studies regularly____ or puts off to the last minute_____

What have teachers said about classroom behavior and academic
performance that may be relevant?

Please add any additional information about the student that you
think may be helpful

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