



Student Information Form

(Please print this form and bring it with you to the assessment, or save it as a PDF and email it to me at Elissa@ozarkdyslexia.com)

Student:	Testing Date:
School:	Date of Birth:
Parent(s):	Grade:
Address:	Email:

Reason for Seeking Evaluation:

Members of Household:

Name and Relationship:	Age:	Level of Education:	Learning Difficulties:

Extended Family Members with Learning Difficulties:

Name and Relationship:	Learning Difficulties:

Language:

Child's primary language:	
Parent's primary language:	
Languages spoken at home:	
Languages used for reading instruction:	

Please mark symptoms your child has experienced:

Symptom:	Past:	Current:
Delayed speech		
Mixing up sounds or syllables in long words		
Left/right confusion		
Difficulty memorizing address, phone number		
Difficulty with rhyming		
Slow, non-automatic handwriting		
Letter or number reversals past the end of 1 st grade		
Slow, choppy, inaccurate reading		
Difficulty with spelling		
Difficulty with math facts		
Difficulty remembering words		
Difficulty with written expression		
Difficulty learning a foreign language		
Difficulty focusing on a task		
Extremely messy room, backpack, etc.		
Difficulty with time management		

Medical History

Please describe any issues surrounding pregnancy and birth. Include weeks gestation and birthweight, if known. Did your child spend any time in NICU?

--

Please describe any childhood illnesses, speech issues, developmental delays, or medical diagnoses including ASD, ADHD, DLD.

--

Please list any medications your child is taking.

Medication	Reason for taking	Start date

Please describe any past or current therapies (speech, language, occupational, physical).

Therapy	Issue	Start date	End date

Describe your child's vision (circle one):

Normal Normal with glasses Other:

Describe your child's hearing (circle one):

Normal Normal with hearing aids Other:

Please describe any additional health concerns.

--

Educational History

Grade:	School:	Difficulties/Interventions:
PreK		
Kinder		
1 st Grade		
2 nd Grade		
3 rd and 4 th Grade		
Middle School		
Junior High		
High School		

What does your child enjoy? What makes your child happy? What are your child's strengths?

Please use this space to tell us anything else you would like us to know about your child: