

PLATTE COUNTY R-3 SCHOOL DISTRICT
Department of Student Services
HOME REPORT

Dear Parent/Guardian:

Your Child has been referred to the Teacher Support Team. Your input is very important to us and will be used to aid us in the educational process and will not be released to other sources. Please complete this form and return it to school as soon as possible (US Mail or with your child to the office).

GENERAL INFORMATION

Student _____ Date of Birth _____ Sex _____
School _____ Teacher _____ Grade _____
Parent/Guardian _____ Phone _____
Address _____ Cell Phone _____
Father's Place of Employment _____
Mother's Place of Employment _____
Primary Language Spoken at Home _____ Living with _____
List names and ages of siblings living in the home _____

Describe any changes in your family structure and your child's adjustment to these changes (i.e. separation, divorce, stepparent, stepsiblings, adoption etc.): _____

HEALTH/MEDICAL

Family Doctor _____ Date of last medical exam _____
Mark any area that applies:
____ Any serious diseases or hospitalizations _____ Seizures or convulsions
____ High Fevers _____ Serious Injury
____ Speech/Language problems _____ ADD/ADHD
____ Visual problems (Glasses _____) _____ Allergies
____ Ear Infections _____ Tubes in ear(s)
____ Substance abuse problems _____ Diabetes
____ Other _____ Medications _____
Any additional information pertinent to your child's health history _____

Birth History: (Mark areas that apply)

____ Full term _____ Premature _____ Average birth weight
____ Normal Labor/Delivery _____ Abnormal Delivery _____ Low birth weight

Developmental History: (Mark areas that apply)

Age child sat up _____ Age child was toilet trained _____
Age child walked _____ Age child began to say words _____

(Please turn OVER)

BEHAVIORAL HISTORY

Check the behaviors that best describe your child:

- | | |
|--|---|
| <input type="checkbox"/> Takes responsibility at home | <input type="checkbox"/> Overactive – all over the place |
| <input type="checkbox"/> Self Confident | <input type="checkbox"/> Underactive – low energy level |
| <input type="checkbox"/> Daydreams – in another world | <input type="checkbox"/> Distractible – can't stay with the job |
| <input type="checkbox"/> Temper tantrums – difficult to manage | <input type="checkbox"/> Cries, whines, complains frequently |
| <input type="checkbox"/> Gets along well with children | <input type="checkbox"/> Gets along well with adults |
| <input type="checkbox"/> Enjoys doing things for others | <input type="checkbox"/> Takes responsibility well |
| <input type="checkbox"/> Prefers outdoor activities | <input type="checkbox"/> Prefers sedentary activities |

Do you consider your child "difficult" to control? _____

How do you handle misbehavior at home? _____

Has your child been involved with the Juvenile Court System? (Please Explain) _____

SCHOOL INFORMATION

List any previous schools and grades attended _____

Attended Private/Parochial Schools? _____ Home Schooled? _____ When? _____

Has your child been retained? _____ When? _____ Attendance regular? _____

Has your child been expelled/suspended? (Please Explain) _____

Has truancy been a problem? _____ (Please Explain) _____

Have any academic or behavioral concerns been noted? (Please Explain) _____

Has your child been evaluated? _____ If so, when? _____

What services has your child received in the past:

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Parents As Teachers | <input type="checkbox"/> Headstart | <input type="checkbox"/> Early Childhood Special Ed |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Daycare | <input type="checkbox"/> Title One Math |
| <input type="checkbox"/> Title One Reading | <input type="checkbox"/> Language | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Behavior Disorders | <input type="checkbox"/> Speech | <input type="checkbox"/> Other _____ |

Does your child interact well with the classroom teacher? _____

What is your child's attitude towards school? _____

What makes you the most proud of your child? _____

What are some of your child's hobbies, interest or outside activities? _____

Is there any additional information relating to your child that may be helpful in working with him/her? _____

Signature of person completing this form: _____

Relationship to the student: _____ Date: _____

Thank you for taking the time to complete this form and returning it promptly!