

**SCHOOL ADMINISTRATIVE UNIT #27  
Litchfield, New Hampshire 03052  
Litchfield Special Education Department**

**BASIC PARENT INFORMATION FORM**

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

GRADE/TEACHER \_\_\_\_\_

NAME OF PERSON COMPLETING FORM \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

HOUSEHOLD: Please list below all adults and children living in the household.

NAME	AGE	RELATION TO STUDENT	GRADE IN SCHOOL

Has your child previously been evaluated:

	Yes	No	When and Where
Educationally	___	___	_____
Medically	___	___	_____
Psychologically	___	___	_____

Has your child previously had treatment in any of these areas? \_\_\_ Yes      \_\_\_ No  
If so, which \_\_\_\_\_, for how long \_\_\_\_\_, dates \_\_\_\_\_.

Has your child had a speech evaluation or speech therapy? \_\_\_ Yes      \_\_\_ No  
If so, which \_\_\_\_\_, for how long \_\_\_\_\_, dates \_\_\_\_\_.

In your immediate or extended family, is there a history of any of the following:  
educational disabilities, genetic disorders, or psychological or psychiatric diagnoses? If so, what?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes to any of the previous questions, please list where, below:

Evaluation Or Therapy	Date	Person or Agency Who Performed Evaluation or Therapy	Address

**What language (s) is/are spoken in the home?**

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**What language(s) does the student speak?**

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**Is the student currently receiving any medication?       Yes       No**

**If so, what**

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**How long has he/she been on this (these) medication(s)?**

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**Dates**

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**Has the student been medicated in the past?       Yes       No**

**If so, with what**

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**For how long was he/she on this (these) medication(s)?**

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**Does the student have any allergies? If so, please list:**

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**PARENT INFORMATION:**

**How often has the family moved and what has been the most recent one?**

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**Has your child had any significant illnesses or high fevers?    \_\_\_Yes    \_\_\_No**  
**If so, what were they and of what duration?**

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**Please list here any illnesses requiring hospitalization or lengthy absence from school.**

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**Does anyone in the family suffer from diabetes or hypoglycemia?    \_\_\_Yes    \_\_\_No**  
**If so, what relationship are they to the student?**

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**Has the student had any operations?    \_\_\_Yes    \_\_\_No**  
**If so, when were they and for what?**

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**Has the student had any accident or injury that required stitches, hospitalization or had any later noticeable after effects?    \_\_\_Yes    \_\_\_No**  
**If so, please describe what they were and when.**

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**At what age did the student walk? \_\_\_\_\_ talk? \_\_\_\_\_**

**Please describe the student's behavior at home. Is he/she active, a loner, does he/she perform chores readily, etc?**

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**Please describe the student's relationship with his/her parents or guardians.**

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**Please describe the student's relationship with his/her brothers or sisters.**

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**Please describe the student's relationship with his/her friends in the neighborhood.**

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**Does the student have any problems or ways of acting at home, or in the neighborhood that are of concern to you and, if so, what are they?**

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**How does the student talk about school?**

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**Does he/she seem to have difficulties in school?**

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**Additional Comments:**

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