



GLENOAKS SCHOOL

Where learning is nurtured and potentials are reached.

CASE HISTORY

Child's Name: _____

Date of Birth: ____ / ____ / ____

(Day / Month / Year)

Child's Home Address: _____

Postal Code: _____

Present School: _____

Class / Grade: _____

Home Language(s): _____

Referred by: _____

Reason for testing - In your own words, describe the present problem, how it has developed and how you hope we can help.

Date: ____ / ____ / ____
(Day / Month / Year)

MEDICAL HISTORY

1. Pregnancy

- 1.1. Was this a planned baby? _____
- 1.2. How long were parents married prior to birth? _____
- 1.3. What was the Mother's age when pregnant? _____
- 1.4. What was the duration of the pregnancy? _____
- 1.5. Were there any complications during pregnancy? _____

(e.g. German Measles, Hepatitis, Toxaemia, Threatened Miscarriage, Persistent Vomiting, Medications, Emotional Problems)

- 1.6. Break more than twenty-four hours before birth? _____
- 1.7. Was labour induced? _____
- 1.8. What was the duration of the labour? _____
- 1.9. Were any anaesthetics used? _____

If YES, please give details.

- 1.10. Were there any complications of delivery? _____

If YES, please give details

(e.g. caesarean, need for oxygen/forceps, cord around the neck, etc.)

- 1.11. Was the first cry IMMEDIATE or DELAYED? _____

- 1.12. Please give any other relevant birth history:

2. Postnatal/Infancy

- 2.1. Were there any complications immediately following the birth

2.2. (e.g. Jaundice, respiratory problems, need for incubator/oxygen/lights, blood irregularities, etc.)?

2.3. Was stiffness noted in the baby? _____

2.4. Floppiness? _____

2.5. How was the child fed and for how long? _____

for _____

2.6. Describe any feeding problems in the first year.

2.7. Were there any adverse reactions to inoculations? _____

2.8. Were there any other problems of infancy? _____

If YES, please give details

(e.g. restlessness, lethargic baby, severe colic, constant screaming, sleep disorders, etc.)?

2.9. If mother works, what age was the child when she returned to work after the birth?

2.10. Were there any changes or a constant figure?

3. Early Childhood

3.1. Please give details of any childhood illnesses.

(e.g. Measles, Mumps, Chicken Pox, Encephalitis, Rheumatic Fever, Scarlet Fever, Typhoid, Diphtheria, Meningitis, severe headaches, Asthma, eye/ear problems, etc.)

3.2. Please give details of any high fevers, seizures or convulsions your child may have had.

4. Test Results and Current Medical History

4.1. EEG:

Place: _____ Date: ____/____/____

Results _____

Is your child on any medication with regard to this? _____

4.2. Eye Test

Tester: _____ Date: ____/____/____

Results _____

4.3. Hearing Test

Tester _____ Date _____

Results _____

4.4. Has your child ever been hospitalised (details, length of stay?)

4.5. Has your child undergone any surgical procedures (details, dates)?

5. Allergies:

5.1. Please list any allergies your child may have:

5.2. Is your child on any medication at present? Please give details:

6. Family Medical History:

Please describe any medical, emotional or scholastic problems either in the immediate or extended family (grandparents, aunts, uncles, cousins, etc.), which may be relevant (e.g., mental retardation, hyperactivity, speech or hearing problems, mixed handedness, physical handicaps, epilepsy, alcoholism, etc.).

CHILD’S DEVELOPMENT AND BEHAVIOUR

1. Development Milestones

1.1. Motor Skills **Approximate age at which your child mastered this skill**

Sit momentarily alone	_____
Crawl alone	_____
Walk alone	_____
Button own clothes	_____
Lace own shoes	_____

1.2. Speech and Language Skills

Babbled	_____
Said first word	_____
Combined two or more words	_____

1.3. Toilet trained _____

2. Pre-school Behaviours

2.1. During early childhood (2 to 5 years) which of the following were true of your child? (*Indicate YES or NO*)

“In another world”	_____	Afraid of heights	_____
Avoided contact with textures	_____	Bedwetting	_____
Changeable moods	_____	Didn’t respond when called	_____
Excessively fearful	_____	Followed instructions correctly	_____
Frequent nightmares	_____	Listened attentively to stories	_____
Mixed handedness	_____	Much whining/crying	_____

Severe temper tantrums	_____	Slow in feeding/dressing	_____
Soiling	_____	Sucked thumb/fingers	_____
Unintelligible speech	_____	Unusually active	_____
Unusually angry	_____	Unusually clumsy	_____
Unusually frustrated	_____		

2.2. Were there any other pre-school behaviours you consider relevant? Are any of these still present today? Please list them and explain.

PRESENT BEHAVIOUR AND ACTIVITIES

1. Present Traits and Behaviours

1.1. Please rate your child's characteristics and behaviours with an X.

1 _____	2 _____	3 _____	4 _____	5 _____
Clumsy		Average mobility	Athletic	
1 _____	2 _____	3 _____	4 _____	5 _____
Difficulty with pencil tasks		Average mobility	Usually adept with pencil	
1 _____	2 _____	3 _____	4 _____	5 _____
Difficulty expressing self verbally		Average expressive language	Unusually expressive	
1 _____	2 _____	3 _____	4 _____	5 _____
Withdrawn / Prefers to be alone		Friendly	Very social	
1 _____	2 _____	3 _____	4 _____	5 _____
Inattentive, inability to focus		Average ability to focus	Concentrates exceptionally well	
1 _____	2 _____	3 _____	4 _____	5 _____
Impulsive, explosive		Average temperament	Calm, even tempered	
1 _____	2 _____	3 _____	4 _____	5 _____
Excessively dependent		Average	Overly independent	
1 _____	2 _____	3 _____	4 _____	5 _____
Excessively fearful		Has normal fears	Fearless	
1 _____	2 _____	3 _____	4 _____	5 _____
Depressed			Extremely cheerful	
1 _____	2 _____	3 _____	4 _____	5 _____
Responds well to discipline			Discipline problem	

1.2. Are there any other behaviours or traits that are relevant?

1.3. Describe your child's sleep patterns:

1.4. How do you think your child feels about himself/herself in comparison to other children?

1.5. What are your child's interests and hobbies?

2. School History

2.1. Please include any problems noted and comments on relationships with peers and with teachers.

Class	Year	Age	Name Of School	Comments
Nursery School				
Grade 0				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
Grade 7				

2.2. Indicate the medium of instruction (language) for these years and note any changes made (e.g. from first to second language).

2.3. List any other languages spoken in the home and estimate as a percentage the time spent speaking these at home.

First Language: _____ %

Second Language: _____ %

Third Language: _____ %

2.4. Have any of the following comments been made by professionals about your child? (*Indicate YES or NO*)

Finishes work on time _____

Behaviour problem at school _____

Participates in class discussions _____

Last to complete work _____

Completes homework independently _____

2.5. What are your child's favourite subjects?

2.6. What are your child's extramural activities?

3. Previous Treatment/Assessments

Assessment	Dates	Name of Professional	Results/Recommendations
IQ. Assessment			
Play/Psychotherapy			
Academic Assessment			
Remedial Therapy			
Speech/Lang Assessment			
Occupational Therapy/Assessment			
Physiotherapy Assessment			
Physiotherapy			
EEG			
Other			

Family Relationships

1. Describe child's relationships with family members where relevant and note details if there has been a divorce, death, etc., with dates.

Relative	Name	Age	Occupation	Relationship With Child		
				Good	Fair	Poor
Mother						
Father						
Stepmother						
Stepfather						
Siblings						
Other						
Other						

2. Are there any other important relationships (stepsiblings, grandparents, etc.)? Please describe

3. Who is responsible for discipline in the home and how is it done?

4. Are there any relevant social or emotional problems within the family unit?

5. Describe marital relationships in general.

6. Who supervises your child after school?

7. Were there any pregnancy/birth/subsequent difficulties with other children?

FUTURE PROSPECTS

1. Describe briefly your goals for and expectations of your child in the future.

2. What do you consider your child's areas of greatest need? What are your expectations of us in assisting him/her to attain these goals?

3. Please use this space to add any personal comments you would like to make about your family or your child, comments professionals have made, concerns not yet addressed, trauma, brushes with educational or legal authorities, or any other relevant factors which would be helpful in understanding your child.

4. Describe the way in which YOU see your child, in respect of personality traits, strengths and weaknesses.

SIGNED: _____ DATE: _____