

EDUCATIONAL PLANNING AND COUNSELING SERVICES

SPECIAL NEEDS PARENT ASSESSMENT

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: _____ AGE _____

DATE OF BIRTH _____ GRADE _____ ANY SIBLINGS _____ YES _____ NO _____

AGES _____ SIBLINGS _____ YES _____ AGES OF SIBLINGS _____

GENDER OF SIBLINGS ___M ___F NAMES _____

SCHOOL PRESENTLY ATTENDING _____

CITY/STATE/COUNTRY _____ CITIZENSHIP _____

CURRENT GRADES OF THE CHILD SEEKING PLACEMENT ___EXCELLENT ___AVERAGE
___GOOD ___POOR ___FAILING ___NOT SURE

BRIEFLY DESCRIBE: YOUR CHILD'S CURRENT PROBLEM:

DESCRIBE: HOW LONG THIS PROBLEM HAS EXISTED:

DOES YOUR CHILD SEE A THERAPIST? ___YES ___NO

WHAT IS THE LENGTH OF TIME YOUR CHILD HAS SEEN THIS THERAPIST? _____

IS THE THERAPIST AWARE OF YOUR LOOKING FOR A PLACEMENT ___YES ___NO

WHAT HAS BEEN THEIR COMMENTS IF ANY? _____

MAY WE CONTACT THEM? ___YES ___NO

WHAT IS THE CONTACT NUMBER OF THE THERAPIST _____

WHAT IS THEIR NAME _____

WHAT IS THE OFFICE ADDRESS _____

CITY _____ STATE _____ SUITE NUMBER _____

TELL US WHAT STEPS YOU HAVE TAKEN IN ADDRESSING YOUR CHILD'S PROBLEM

HAVE THESE STEPS WORKED ___ YES ___ NO

EXPLAIN: _____

BRIEFLY: TELL US HOW AND WHY YOU CONTACTED OUR EDUCATIONAL CONSULTANT

DO YOU HAVE A CURRENT AGREEMENT WITH OUR CONSULTANT ___ YES ___ NO

WOULD YOU BE WILLING TO ESTABLISH A RELATIONSHIP WITH OUR CONSULTANT ___ YES
___ NO OTHER _____

WHAT TYPE OF HELP DO YOU BELIEVE YOUR CHILD NEEDS?

WHAT TYPE OF SCHOOL OR PROGRAM ARE THEY CURRENTLY ATTENDING?

___ PUBLIC SCHOOL ___ PRIVATE BOARDING SCHOOL ___ WILDERNESS PROGRAM
___ NOT ATTENDING

WHY ARE THEY NOT ATTENDING
SCHOOL? _____

NAME OF THE HOME SCHOOL IF DIFFERENT THAN THE PREVIOUS LISTED SCHOOL?

ADDRESS" _____

CITY AND STATE _____ DISTRICT _____

ARE THEY HAVING DIFFICULTY IN THIS SCHOOL? EXPLAIN

DO YOU HAVE A CURRENT IEP ? HAVE YOU MET WITH ANYONE FROM THE SCHOOL TO DATE

WHAT WAS THE RESULTS OF THE MEETING

WHAT ISSUES WERE ADDRESSED AT THE MEETING. WERE ANY ISSUES RESOLVED? ___YES
___NO

EXPLAIN _____

HOW LONG HAVE THEY BEEN AT THIS SCHOOL _____

ARE THE CHALLENGES YOUR CHILD IS HAVING RELATED TO HOME OR SCHOOL? EXPLAIN:

DO YOU LIVE IN THE DISTRICT? ___YES ___NO

HAS YOUR CHILD BEEN EXPELLED FROM SCHOOL ___YES ___NO

HOW LONG? _____

WAS THERE ANY BEHAVIORAL PLAN IMPLEMENTED BY THE HOME SCHOOL? ___YES ___NO

WHAT WAS THE PLAN?

EXPLAIN: _____

WHAT TYPE OF SCHOOL HAVE YOU BEEN LOOKING AT?

___ BOARDING SCHOOL- ___ DAY SCHOOL ___ PRIVATE SCHOOL OR _____

___ CHARTER SCHOOL ___ PUBLIC SCHOOL

___ OTHER: _____

BRIEFLY DESCRIBE YOUR CHILD'S GRADE LEVEL, AND HOW THEY ARE CURRENTLY PERFORMING IN SCHOOL?

WOULD YOU CONSIDER THEY ARE REACH GRADE LEVEL?

WOULD YOU CONSIDER A PRIVATE INDEPENDENT SCHOOL OR PROGRAM?

YES NO

HAS YOUR CHILD EVER ATTENDED A INDEPENDENT SCHOOL BEFORE?

YES NO DATE _____ YEAR?

HAS YOU CHILD EVER TAKEN A STATE PROFICIENCY EXAM ?

RESULTS _____

WHAT IS YOUR CHILD'S IQ

DOES YOUR CHILD HAVE ANY DISABILITY? LEARNING OR PHYSICAL DISABILITY

WHAT TYPE _____

NATURE OF THE PHYSICAL DISABILITY

WEARS GLASSES

HEARING LOSS

DIFFICULTY WALKING OR STANDING

LEARNING CHALLENGES OR ACADEMIC CHALLENGES

WHAT COST COULD YOU AFFORD IN SENDING YOU CHILD TO A PRIVATE SPECIALIZED SCHOOL OR PROGRAM?

_____ LESS THAN 20,000 _____ BETWEEN 20-60,00 _____ OVER 60,000,00

DO YOU NEED FINANCIAL HELP OR ASSISTANCE YES NO

ARE THERE OTHER RESOURCES AVAILABLE TO HELP YOUR CHILD YES NO

ARE YOU EMPLOYED __YES __NO

ARE YOU SUPPORTING YOUR CHILD ___YES ___NO

DO YOU HAVE OTHER MEANS OF SUPPORT __YES ___NO

WHAT AREAS OF INTEREST DOES YOUR CHILD HAVE? (FINE ARTS, MUSIC, DANCE, ATHLETICS)

WHAT ACTIVITIES ARE THEY CURRENTLY INVOLVED IN

HOW LONG _____ DO THEY ENJOY THESE ACTIVITIES

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG

WHAT EDUCATIONAL TESTING HAS BEEN COMPLETED AT THE SCHOOL? _____

DO YOU HAVE ANY RECORD OF THIS TESTING __YES __NO

WHAT TESTING WAS PERFORMED? _____

WHAT ARE RESULTS: (IF NOT TAKEN PUT NONE)

BRIEFLY DESCRIBE WHY YOU SON OR DAUGHTER IS INTERESTED IN ATTENDING A BOARDING SCHOOL OR THERAPEUTIC PLACEMAT, AND HAVE YOU TALKED TO THEM?

HOW WOULD YOU DESCRIBE YOUR CHILD'S OVERALL LEVEL OF CONFIDENCE?

HOW WOULD YOU DESCRIBE YOUR CHILD'S CURRENT ACADEMIC PERFORMANCE:

EXCEPTIONAL____ GIFTED____ AVERAGE _____ BELOW AVERAGE _____

HOW WOULD YOU CHILD COMPETITIVENESS? ABILITY TO INTERACT WITH OTHERS?

VERY MATURE____ SOMEWHAT MATURE_____ NOT MATURE AT ALL _____ GOOD STUDY HABITS____ VERY POOR____ OTHER_____

HOW WOULD YOU DESCRIBE YOUR CHILD'S ABILITY TO INTERACT WITH OTHER CHILDREN?

____VERY GOOD ____ACCEPTABLE____ DIFFICULT OR CHALLENGED

HAVE THEY EVER BEEN BULLIED? WHEN _____

HAVE THEY EVER BEEN SUSPENDED ____YES ____NO HOW MANY DAYS _____

HOW WOULD YOU DESCRIBE YOUR CHILD'S OVERALL PHYSICAL HEALTH?

DESCRIBE IN DETAIL WHEN THE PHYSICAL WAS PERFORMED APPROXIMATE DATE AND RESULTS:

____EXCELLENT ____GOOD ____FAIR____ NOT SO GOOD ____POOR

WHAT IS YOUR CHILD HEALTH RESTRICTIONS.

TO YOUR KNOWLEDGE HAS YOUR CHILD EVER USE OR EXPERIMENTED WITH DRUGS

____YES ____NO

EXPLAIN IN DETAIL:

TYPE OF DRUGS AND USE:

HAS YOUR CHILD EVER RUN AWAY FROM HOME? ____YES ____NO

WHEN _____

HAVE THEY EVER TALKED ABOUT RUNNING AWAY? _____

WHAT HAPPEN? _____

HAS YOUR CHILD EVER EXPERIENCED ANY TRAUMA OR EVENT WHICH HAS CAUSED YOU CONCERN?

DATE OF THE EVENT: _____YEAR_____

HAS YOUR CHILD ENGAGED IN SELF DESTRUCTIVE BEHAVIOR? (STEALING, LYING, AND NOT FOLLOWING DIRECTIONS.

WHAT DID YOU DO ABOUT THIS BEHAVIOR?

HAS YOUR CHILD EVER HAD PROBLEMS BEING OVERWEIGHT ____YES ____NO WAS YOUR CHILD EVER TEASED ____YES ____NO

HAVE THEY EVER HAD A PROBLEM WITH EATING ____YES ____NO

ARE THEY ON A RESTRICTED DIET __YES - __NO

WHAT ARE THE RESTRICTIONS _____

ARE THEY SLEEPING? ____YES ____NO

IS YOUR CHILD TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

WHAT IS THE NATURE OF THEIR CONDITION?

HOW LONG HAVE THEY BEEN UNDER THIS CARE?

WHO WAS THE DOCTOR: _____MAY WE CONTACT THEM

ADDRESS

CITY/STATE/COUNTRY

WOULD YOU DESCRIBE YOUR CHILD'S OVERALL HEALTH AS?

____EXCELLENT _____GOOD _____NOT SO GOOD_____ VERY POOR

AGREEMENT

BY GIVING CONSENT THE PARENT SIMPLY AGREES TO ALLOW THE EDUCATIONAL CONSULTANT TO WORK ON BEHALF OF THE FAMILY IN A PLACEMENT OR SCHOOL OR PROGRAM.

PARENT SIGNATURE

FULL NAME/PLEASE PRINT

ARE YOU THE LEGAL GUARDIAN OR PARENT ____YES ____NO?

WHO IS THE LEGAL GUARDIAN _____

DO YOU HAVE SOLE OR JOINT CUSTODY? _____

HOW LONG _____

ANY SHARED CUSTODY ISSUES ____YES ____NO

WHAT ARE THEY _____

WOULD THE NON CUSTODIAL PARENTS AGREE TO THE PLACEMENT? ____YES ____NO

HAVE YOU DISCUSSED THIS WITH THEM ____NO ____YES

WHAT IS THE NON CUSTODIAL PARENTS REACTION? DESCRIBE IN DETAIL OR HAVE THEY TO COMMENT ON THIS PLACEMENT

NAME _____

WHERE DO THEY LIVE _____ CITY _____ STATE _____

ARE THEY LIVING WITH THE CHILD? _____

WHAT IS YOUR CURRENT ADDRESS?

FULL NAME: _____

ADDRESS

DRIVE _____ APT _____ ROAD _____ BLVD

CITY/ _____ STATE _____

COUNTRY

BELOW IS THE CONSULTANT AND FAX NUMBER

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

PLEASE FAX THE FORM TO OUR E FAX AT 1 623 399-1010