

NAVY HALE KEIKI SCHOOL

Student Information Sheet (Part 2)

Student's Legal Name _____

Today's Date _____

1. **Birth:** _____ Full-term _____ Premature _____ Needed special care or extra hospitalization after birth. Explain: _____

2. **Testing or services receiving now or in the past:** _____ Infant Development Program

_____ Operation Search _____ School _____ Speech _____ IEP

Explain: _____

3. **Age when child:** (PS ,PK & K) _____ Walked _____ Said single words

4. **Ages of brothers:** _____ Sisters: _____

5. Child usually has _____ **hours of consecutive sleep** at night.

6. The **following things are happening at home** which may be affecting my child's behavior or development:

_____ Parental conflict, separation, divorce, or other

_____ Death, major illness, or problem with a love one

_____ Change in child's environment, e.g. address, new family member, schedule or routine, etc.

_____ Spouse attached to active deploying unit Estimated date of deployment _____

_____ Other: _____

Please check concerns that apply to your child. Circle or explain the details that apply.

_____ **1. Socialization:** Very shy. Lacks confidence. Does not separate well from parents.

Does not play well with other children.

_____ **2. Behavior:** Tantrums. Does not follow rules. Hard to handle behavior.

_____ **3. Attention span:** Does not finish task.

Goes from activity to activity without really "getting into it."

_____ **4. Activity level:** Squirmy. Fidgety. Restless. Overly active.

_____ **5. Vision:** Blinks or rubs eyes frequently. Squints or frowns to see.

Holds things too close or too far to see.

_____ **6. Hearing:** Needs to have things repeated. Wants television on loudly. Seems inattentive to directions.

Tilts head to listen. Speaks loudly. Needs to watch your face when you talk.

Mispronounces many words.

_____ **7. Speech:** Hard to understand speech. Mispronounces many words. Stutters.

Voice sounds unusual.

_____ **8. Language/Understanding:** Difficulty expressing him/herself.

Difficulty following or remembering directions or routine.

Does not “pick up” new words or ideas easily.

Doesn’t remember information from day to day.

_____ **9. Body control and movement:** Clumsy.

Difficulty with throwing or catching a ball, with jumping or hopping.

Difficulty using scissors, pencils, or building blocks.

Difficulty using two hands together.

Parent's Comments (optional):

Parent's Hopes and Fears for Child (required):

I understand that the information provided by me on this form is to be used by the teaching and office staff of Navy Hale Keiki School to aid in providing an effective educational program for my child. I hereby agree to any diagnostic screening and/or testing the school feels necessary to administer. The school will contact me when such screening/testing is required and will make the results/recommendations available for my review and for further consideration/discussion.

The information provided by me is true with no omissions. Failure to disclose information could be the basis for involuntary disenrollment and forfeiture of any fees paid to date of withdrawal.

Legal Parent/Guardian Signature

Relationship

Date