

**CENTER FOR EDUCATIONAL PROGRAMS**  
**University of Houston-Clear Lake**

**Confidential**  
Parent Information

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone (s) \_\_\_\_\_

**FAMILY MEMBERS (ALL):**

<b>Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Education</b>
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**EDUCATIONAL HISTORY:**

1. Why is the student being referred to the Center?

2. Recent Testing:	<u>Test</u>	<u>Date Given</u>	<u>By Whom</u>	<u>Results</u>
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3. School Record:

<u>School</u>	<u>Grade</u>	<u>Absences</u>	<u>Average Scholastic Performance</u>
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4. Describe any difficulties (behavioral, disciplinary, academic) the student has had in school

5. What language(s) are spoken in the home? \_\_\_\_\_

What does your child say . . . .

- a. is his (her) best subject? \_\_\_\_\_
- b. is his (her) worst subject? \_\_\_\_\_
- c. he (she) likes about school? \_\_\_\_\_
- d. he (she) dislikes about school? \_\_\_\_\_

**DEVELOPMENTAL AND MEDICAL HISTORY OF CHILD:**

Unusual aspects of pregnancy and delivery:

Unusual aspects of child's development (sitting, walking, eating, etc.)

Significant illnesses, fevers, operations, accidents?

Is child under medical care or on medication now? \_\_\_\_\_ Describe \_\_\_\_\_

For how long? \_\_\_\_\_ Doctor's Name and Phone \_\_\_\_\_

**CONFIDENTIAL PARENT INFORMATION:**

How does your child react to discipline from parents?      From Teachers?

**OVERALL EXPECTATION:**

Person completing this form:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

Please return this form to:      Center for Educational Programs, Box 270  
University of Houston-Clear Lake  
2700 Bay Area Blvd.  
Houston, TX 77058-1098