

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):

Name	Age	Occupation	Education
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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:

What do you expect your child to gain as a result of attending the Center for tutoring in reading?

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