

Guidance Form

Date: \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

We are seeking information that will help us understand your child's needs. This information is voluntary and will remain confidential.

**Parents/Guardian Names:**

Mother \_\_\_\_\_ Father \_\_\_\_\_

Step-Mother \_\_\_\_\_ Step-Father \_\_\_\_\_

Significant Other Living at Home \_\_\_\_\_

Legal Guardian (If Applicable) \_\_\_\_\_

**Siblings (Name and Age)** 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_

**Previous School History:** List school and date attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Services:** Please check any received services at school. Speech \_\_\_\_\_  
Resource Room \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ Other \_\_\_\_\_

**Identified Concerns:** Please check any that apply Academic \_\_\_\_\_ Social \_\_\_\_\_  
Physical \_\_\_\_\_ Other \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any current family concerns that may have/had an impact on your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any previous mental/emotional/behavioral issues? **Yes No** If "yes", please explain and did this requiring counseling or other mental health services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_