



SOUTHWEST ACADEMY LEARNING CENTER

THE ACADEMY | MULTISENSORY TRAINING CENTER | EVALUATION CENTER

Dear Parents,

Please find the enclosed overview of what our testing covers.

We would like for you to complete the questionnaire and **mail it along with your payment** to our testing center located at Southwest Academy. Upon receipt of the completed packet and payment we will schedule the testing. The number of procedures required will determine the duration of the testing, however the testing will customarily not take less than one hour and not more than two and one-half hours. It is helpful to send a light, nutritious snack for your child to have during a short break.

We are encouraged as clinicians and educators by your commitment to your child. We are equally grateful for your desire to understand his or her God given talents; to help your child develop these to the fullest; and to celebrate the unique contributions your child will provide the world.

Thank you for the chance to help. It is our privilege.

Sincerely,

Beverly Dooley, Ph.D.
Executive Director

Peggy Signall, M.Ed.
TEA Certified Educational Diagnostician
Evaluation Center Director

600 S. Jupiter Road, Allen, Texas 75002-4065 Phone: (972)359-6646

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www.southwestacademy.org

QUESTIONNAIRE

It is necessary for our team to have the most complete picture possible of your child in order to better understand his/her challenges. This information is confidential and will not be released without written permission from you.

Date: _____

Name of child: _____

Sex _____ Age _____ Date of Birth _____

School _____ Grade _____

Parents' full name _____

Marital Status: Married _____ Separated _____ Divorced _____

Address _____

Home Phone _____ Cell Phone _____

Occupation:
Father _____ Business Phone _____

Mother _____ Business Phone _____

Who recommended SWA? _____

Other specialists consulted: _____

Date of consultation _____ Findings _____

INFORMATION ABOUT YOUR CHILD

Please tell us about any remedial help your child has received.

What are your child's talents and interests outside the classroom?

What questions do you hope to have answered by this evaluation?

OBSTETRICAL HISTORY OF YOUR CHILD

Length of pregnancy? _____ Length of labor (approx. hours) ____

Abnormal position _____ Caesarean section _____

Comments about birth _____

DEVELOPMENTAL HISTORY

Walked unattended: Early ____ Late ____ Expected time ____

Talked: Early ____ Late ____ Expected time ____

Followed simple instructions: Early ____ Late ____ Expected time ____

MEDICAL HISTORY

Has your child had any serious illnesses? Give age and describe.

Describe any serious accidents (falls, burns, cuts, broken bones, etc.).

Last physical examination: Date _____ Results _____

Is your child presently taking medication?

Medication Name	Strength	Dosage	For treatment of:

FAMILY HISTORY

Among this child's relatives, have there been some who have had difficulties with any of the following:

	Yes	No	Relationship to child
Stammering or stuttering			
Explosive temper			
Extreme shyness			
Mental retardation			
Chronic alcoholism			
Drug addiction			
Criminal record			
Other:			
Other:			

List by relationship the member of this child's family in the order of their age, beginning with parents:

Member	Age	Highest grade of school completed	Name any grade repeated	Any speech, reading, writing or spelling difficulty? If so, what and when?

SCHOOL HISTORY

Please list below the schools attended beginning with kindergarten:

School	Child's age	Grade	Location (city)

Has your child ever repeated a grade? _____
If so, what grade? _____

Best school work is done in what subject? _____

Most recent grades: _____

Does your child like school? _ Comments: _____

AT HOME

Does your child have a pet? _ What responsibility does he/she assume for its care? _____

Does your child have regular chores? _____
Please list _____

What activities does the family do together? _____

When the need arises to talk about difficulties, worries, or fears, does your child usually talk freely _____; keep his/her thoughts to his/her self _____, talk if prodded to do so? _____ Comments: _____

RECREATION HABITS

Which of the following activities does your child participate in outside of home or school:

Scouts	
YMCA	
Clubs	
Youth Groups	
Other:	
Other:	
Other:	

Thank you very much for your cooperation.

One copy of this report may be mailed to the person designated below:

Name: _____

Address: _____

Parent Signature: _____