



CARDINAL STRITCH UNIVERSITY

Literacy Centers

Home and Family Background Information

Child's Name _____ Date of Birth _____ Age _____

Is there additional pertinent family information that would help us serve your child? _____

Why is your child coming to the Literacy Center at this time? _____

List any major medical problems, past or present: _____

Is your child presently taking prescription medication? _____

For what? _____

How would you rate your child's early development in these areas?

- Crawling, Walking, Using Words, Combining Words with checkboxes for early, normal, somewhat late, very late

Has your child had any problems in any of the following areas?

- Checkboxes for Vision, Hearing, Speech, Sickle Cell Anemia, Memory, Hyperactivity, Allergies, Lead blood levels above average, Early childhood education, Attention or concentration problems, Physical handicaps, Referral to a psychologist or psychiatrist

Please explain: _____

Present School Information and Educational History

School _____ Phone (_____)_____

School address _____

Current teacher's name _____ Current grade placement_____

Current classroom placement (check all that apply)

- Checkboxes for Regular, Cognitively Disabled, Learning Disabilities, Other, Emotionally Disturbed

Do we have permission to communicate and exchange print information with school personnel and other institutions serving your child's learning needs? _____

Did your child attend preschool before kindergarten? _____ How many years? _____

At what age did your child enter kindergarten? _____ First grade? _____

Describe your child's school progress: _____

Was your child ever retained? _____ Accelerated? _____ When? _____

If so, why? _____

With what results? _____

Has your child attended summer school? _____ When? _____

If so, why? _____

How does your child feel about school? _____

What kinds of reading materials are available in your home? _____

What material does your child use on his/her own initiative? What are his/her interests? _____

What problems does your child have with reading?

- | | | |
|---|---|---|
| <input type="checkbox"/> Sight-word vocabulary | <input type="checkbox"/> Sounding out words/phonics | <input type="checkbox"/> Accuracy |
| <input type="checkbox"/> Rhyming, hearing syllables | <input type="checkbox"/> Reading comprehension | <input type="checkbox"/> Expression/rate |
| <input type="checkbox"/> Study skills | <input type="checkbox"/> Writing | <input type="checkbox"/> Reading for pleasure |
| <input type="checkbox"/> Other _____ | | |

Does your child have difficulty in any of these other areas?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Completing assignment on time | <input type="checkbox"/> Perseverance |
| <input type="checkbox"/> Penmanship | <input type="checkbox"/> Organization | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Written expression | <input type="checkbox"/> Other _____ | |

Has your child had any special testing or multidisciplinary team evaluations at school? _____

Has anyone in your family had any of the following problems in school?

Word Recognition _____ Spelling _____

Reading Comprehension _____ Speech/Language _____

Written Expression _____ Attention/Concentration _____

Signature _____ Date _____

It would be extremely helpful to have your child's school send us any reports of previous testing, or to inform us of upcoming testing. Please return to the center or mail to:

**Cardinal Stritch University
Literacy Centers, Box 104
6801 N. Yates Road, Milwaukee, WI 53217-3985**