Vanderbilt Assessment Packet

Child's Name: ________________________ Date of Birth:___________________Today's Date:_______________

Who is filling out this form?____________________________________

What is your chief concern? __________________________________

Is your child hyperactive? ☐ No ☐ Yes When did it first appear?________________________________

Who wanted this evaluation? ☐ Mother ☐ Father ☐ Teacher ☐ Several Teachers

Has your child had any other evaluations for this before? ☐ No ☐ Yes

Have you noticed any of the following?

Writing

- ☐ Trouble writing
- ☐ Holds pencil funny
- ☐ Writes too slowly

Math

- ☐ Trouble with math
- ☐ Trouble with math concepts
- ☐ Trouble with numbers

Language

- ☐ Hesitate or stops in mid-sentence
- ☐ Seems to understand but has trouble getting the words out
- ☐ Has trouble finding the right words
- ☐ Confuses the order of words (such as "ball I hit")
- ☐ Confuses words that sound alike (such as hem, him)
- ☐ Unable to tell what happened to him/her (such as what happened at school)
- ☐ Has trouble pronouncing words
- ☐ Stories sound like a bunch of unconnected sentences rather than a story

Memory

- ☐ Memory Problems
- ☐ Can remember some things but forgets things learned in school.
- ☐ Forgets what they're doing in the middle of the problem.

What is your child good at? ____

Past Medical History

Were there any medical problems during pregnancy? ____

☐ Premature ☐ Full Term ☐ Late Birth Weight:____________________

Any problems (with the baby) after the delivery? ____

Hospitalizations____

Trouble with ear infections? ☐ No ☐ Yes Ever have ear tubes?_________________________________

☐ Staring spells ☐ Seizures ☐ Heart problems

☐ Convulsions ☐ Bedwetting ☐ Murmurs

☐ Sleep Problem ☐ Nervous tics or habits

Do you suspect your child is using drugs/alcohol? ☐ No ☐ Yes

Family History: Any family member with any of these problems?

☐ Neurologic disease ☐ Hearing problems ☐ Sudden death ☐ ADHD ☐ Bipolar

☐ Kidney disease ☐ Depression ☐ Anxiety ☐ Learning problems ☐ School dropout

Social History:

Child lives with: ☐ Mother ☐ Father ☐ Other_____________________

Does mom work outside the home? ☐ No ☐ Yes

Are there other children in the home? ☐ No ☐ Yes (what ages)______________________

What does dad do for a living? ____