

# Alexsander Academy Student History Form

## School History

| School Attended | From/To | Grade | Reason Left? |
|-----------------|---------|-------|--------------|
|                 |         |       |              |
|                 |         |       |              |
|                 |         |       |              |
|                 |         |       |              |
|                 |         |       |              |
|                 |         |       |              |
|                 |         |       |              |

## Academic History

Please list any academic area where your child was having issues:

Math \_\_\_\_\_

Reading \_\_\_\_\_

Language Arts \_\_\_\_\_

Spelling \_\_\_\_\_

Handwriting \_\_\_\_\_

Additional Information:

---

---

---

---

---

---

**Therapeutic History**

Please list any therapies you child has participated in:

Speech \_\_\_\_\_ OT \_\_\_\_\_ Sensory Integration \_\_\_\_\_ PT \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

| Clinic or Practitioner | From/To | Grade | Reason Left? |
|------------------------|---------|-------|--------------|
|                        |         |       |              |
|                        |         |       |              |
|                        |         |       |              |
|                        |         |       |              |
|                        |         |       |              |
|                        |         |       |              |

**Medical Information**

Is your child on any medication or supplements? Will they need to be administered at school (Please see medical release form)? Does your child have any dietary restrictions?

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

**Behavioral Checklist**

Please check any of the following behaviors your child exhibits. Please rate with the following scale:

**1 – Rare****2 – Often****3 - Frequently**

| <b>Behavior</b>                            | <b>Rating</b> | <b>Behavior</b>                        | <b>Rating</b> |
|--------------------------------------------|---------------|----------------------------------------|---------------|
| Bully                                      |               | Uses bad language                      |               |
| Sensitive hearing                          |               | Passive                                |               |
| Fearful                                    |               | Hyperactive                            |               |
| Compliant                                  |               | Friendly                               |               |
| Anxious                                    |               | Self abusive                           |               |
| Easily frustrated                          |               | Eager to please                        |               |
| Spacey                                     |               | Talks back                             |               |
| Giggly                                     |               | Perfectionist                          |               |
| Quiet                                      |               | Manipulative                           |               |
| Talkative                                  |               | Transition issues                      |               |
| Cries                                      |               | Helpful                                |               |
| Dishonest                                  |               | Confident                              |               |
| Shy                                        |               | Tolerant                               |               |
| Tics                                       |               | Short attention span                   |               |
| Caring                                     |               | Likes to work in groups                |               |
| Aggressive                                 |               | Defiant                                |               |
| Doesn't like authority                     |               | Control issues                         |               |
| Likes to work alone                        |               | Runs away                              |               |
| Temper Tantrums                            |               | Screams                                |               |
| Doesn't like for anyone to get reprimanded |               | Unaware of how behavior affects others |               |

**Any further information:**