

☞ Parents ☞

Please complete and sign this release form before you have your child's teacher complete the attached forms. Your signed release is essential in order for the school to send us copies of specific testing.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Patient's Name: _____/DOB: _____

To (School Name & Address)

From (Parents' Names & Address)

I hereby give authorization to release any
PSYCHOLOGICAL, SPEECH/LANGUAGE, OR EDUCATIONAL
information concerning my child to the
Meyer Center for Developmental Pediatrics-Texas Children's Hospital
8080 N. Stadium Dr., Houston, Texas 77054
(Fax # 832-825-9065)

(Signature of parent or guardian)

(Date)

PLEASE INCLUDE MOST RECENT ARD, FIE REPORTS & ANY ADDITIONAL TESTING SIGNIFICANT TO THE CARE OF THE PATIENT.

Please return to the:
Meyer Center for Developmental Pediatrics-Texas Children's Hospital
8080 N. Stadium Dr., Houston, Texas 77054
Fax: (832-825-9065)

Attn: Teacher

_____ has been referred to the Meyer Center for Developmental Pediatrics for evaluation/re-evaluation. We are concerned with this child's educational history and status. Please complete this form and return it as soon as possible. Thank you for your help and cooperation.

Name of Child _____ Age _____

Name of School _____ District _____

Address _____ Phone _____

Name of Director _____

Age range in class _____ Student-Teacher Ratio in this class _____

Please check the appropriate description(s) of this nursery:

- | | |
|---|--|
| <input type="checkbox"/> All-day program | <input type="checkbox"/> Private Preschool |
| <input type="checkbox"/> Part-day program | <input type="checkbox"/> Public Kindergarten |
| <input type="checkbox"/> Commercial Home Care | <input type="checkbox"/> Private Kindergarten |
| <input type="checkbox"/> Commercial Day Care Center | <input type="checkbox"/> Exceptional Children's Center |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Early Childhood Program |
| _____ | |

The mean level of the children's functioning in your school and/or class.

Average _____ Above Average _____

Does your school offer any special services or have special consultants such as speech therapists, physical therapists, a motor program, etc.?

Describe: _____

Please comment on any other aspects of the nursery, in terms of curriculum, environment, philosophy, etc., that you feel are important to clarify our understanding of your center.

Please rate this child in the following areas:

Language	Never	Very Seldom	Some of The Time	Almost Always
Listens attentively to stories				
Follows directions easily				
Understands most of what is said to him				
Speaks in sentences				
Engages in spontaneous conversation				
Expresses his own thoughts				
Uses a good vocabulary				
Relates events in correct time sequence				
Articulates words clearly				
Memorizes simple verses				

How do you perceive this child's ability to communicate?

Learning	Never	Very Seldom	Some of The Time	Almost Always
Works an interlocking puzzle easily				
Recognizes and names colors				
Can sort shapes on a form board				
Can hold and cut with scissors				
Controls pencil adequately for writing				
Draws a circle, square, triangle, or line from a model				
Recognizes and names shapes				
Notices and describes tactile qualities in objects such as smooth, rough, soft or hard				
Points out similarities between objects				
Can group objects according to one characteristic such as color, size, or shape				
Can take apart and assemble toys that require fine finger coordination such as nuts and bolts or buttons				
Understands the number concepts 1 through 5				
Recognizes letters				

What comments or observations do you have about this child's learning abilities?

Behavior and Adjustment	Never	Very Seldom	Some of The Time	Almost Always
Shows originality in activities				
Uses materials appropriately				
Completes work begun				
Plays well with peers				
Participates in group activities				
Attends to personal needs without help or reminding				
Shows appropriate control of emotions				
Feels good about him self				
Seems worried				
Is cheerful at school				
Relates his feelings to teacher and peers				
Enters new situations eagerly				
Is impulsive, disruptive				
Is dependent, requires more structure than classmates				

How would you describe this child's personal-social adjustment in regard to school, peers, and adults?

Physical	Never	Very Seldom	Some of The Time	Almost Always
Stands with good posture, including a straight back, head erect, equal distribution of weight on legs and feet forward				
Runs in a coordinated manner, without tripping, falling or running into objects				
Walks with a smooth even gait, not slinging arms or walking on the toes				
Complains of pains in the joint areas, such as hips, shoulders, knees, etc., not due to strenuous activity				
Tires easily				
Climbs stairs smoothly without assistance				
Rides a tricycle with good control of peddling and direction				
Shows good coordination in activities such as jumping, hopping, balancing, climbing, etc.				

Do you have concerns about this child's physical development?

Placement and Test Results

Is this child receiving special help at school? _____ If so, what and how often? _____

If he is receiving help, what is his classification? _____

Is this child on a waiting list for special help? _____ If so, when and for what _____

Has this child already received testing at school? _____ By whom _____

Title _____ When _____

Date	Tests Administered	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this child had an ARD recently? _____ If so, when? _____

What were the results? _____

Is this child scheduled for an ARD Meeting? _____ If so, when _____

What do you anticipate this child's placement for next year to be? _____

What would you like to see him do next year? _____

Additional Comments

What are your major concerns when working with this child? _____

Please comment on the parental interest and communication with the school. _____

Do you have recommendations or comments on future educational planning for this child? _____

Please give us any additional input that you feel is relevant to our evaluation. _____

(Signature and title of person completing this form)

(Date)