

New Heights Academy Student History Form

School History

School Name	Year(s) Attended	Grade Level	Reason(s) for Leaving

Academic History

Please indicate the academic areas where your child is having difficulties:

<i>Subject</i>	<i>Grade Level</i>	<i>Difficulties</i>
Math		
Language Arts		
Reading		
Spelling		
Handwriting		

Additional Academic History Information:

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Therapy

<i>Therapy</i>	<i>Yes/No</i>	<i>Therapist/Facility Name</i>	<i>Contact Information</i>	<i>Times Per Week</i>
Speech				
Occupational				
Physical				
ABA				
Other				

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?

<i>Medication Name/Dosage</i>	<i>Supplement Name/Dosage</i>	<i>Dietary Restrictions</i>

Behavioral Checklist: Please check any of the following behavior that to your child exhibits with the following scale: 1 - Rare 2 - Often 3 - Frequent

<i>Behavior</i>	<i>Rate 1,2,3</i>	<i>Behavior</i>	<i>Rate 1,2,3</i>
Sensitive Hearing		Passive	
Fearful		Hyperactive	
Bully		Bad Language	
Compliant		Friendly	

Anxious		Self-Abusive	
Easily Frustrated		Eager to Please	
Day Dreaming		Talks Back	
Giggly		Perfectionist	
Quite		Manipulative	
Talkative		Transition Difficulties	
Cries		Helpful	
Dishonest		Confident	
Shy		Tolerant	
Tics		Short Attention Span	
Caring		Enjoys Working in Groups	
Aggressive with Others		Defiant	
Control Issues		Does not like Authority	
Enjoys Working Alone		Runs Away	
Temper Tantrums		Screams	
Follows 1 Step Direction		Understands Safety	

Additional Behaviors: Explain