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Gifted Brief Family History Form

Name of Child: _____

Child's date of birth: _____

Referred by? _____

Parents' name: _____

Address/Phone: _____

Who lives with the child at home? _____

Current grade and school: _____

Please list any other schools attended in the past, including preschool:

Please describe current and past academic performance (i.e., grades, standardized test scores):

Relevant medical history: _____

Medications? **Yes** **No**

Vision concerns? **Yes** **No**

Hearing concerns? **Yes** **No**

Was your child recommended for testing from his/her teacher? **Yes** **No**

Has your child been tested before? **Yes** **No**

Please note any additional concerns or comments: _____