

# 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:

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**Therapeutic History**

Please list any therapies you child has participated in:

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

<b>Clinic or Practitioner</b>	<b>From/To</b>	<b>Grade</b>	<b>Reason Left?</b>

**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:**