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| **Student:** | **ID #:** | **DOB:** | **Gr.:** | **Campus:** |

**Family** *Familia*

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| **Mother’s Name:** *Nombre de Madre*      | **Father’s Name:** *Nombre de Padre*      |
| **Address:** *Dirección*      | **Address:** *Dirección*      |
| **Phone:** *Teléfono*      | **Phone:** *Teléfono*      |
| **Occupation:** Ocupación      | **Occupation:** Ocupación      |
| **With whom does the student live with?** *Con quién vive el estudiante?*       |

**Household** *casa*

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| --- | --- |
| **Primary Language spoken in home:**      *Idioma que se habla en el hogar:* | **Other Languages spoken:**      *Otras lenguas habladas:* |
| **Were there any problems before, during, or immediately after your pregnancy?** *¿Hubo problemas antes, durante o inmediatamente después de su embarazo?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **If “Yes” explain:**  *Si "Sí" explique:*       |
| **How many siblings?** *¿Cuántos hermanos tiene niño?* | **Brothers**      *Hermanos* | **Sisters**      *Hermanas* | **How many siblings live at home?**      *¿Cuántos hermanos viven en casa?* |
| **Have there been important changes within family?** (e.g., parent job changes, moves, births, deaths, illnesses, accidents, separations, divorce, remarriage, abuse incidents) *Ha habido cambios importantes dentro de la familia? (trabajo, movimientos, nacimientos, muertes, enfermedades, accidentes, separaciones, divorcio, nuevo matrimonio de los padres, los incidentes de abuso)* | [ ]  **YES** *Sì* [ ]  **NO** |
| **If “Yes” explain:** *Si "Sí" explique:*       |
| **What does your child do when not at school?**      *¿Qué hace su hijo cuando no en la escuela?* |
| **What activities does the family do together?**      *¿Qué actividades hace el familiar juntos?* |
| **How is Child’s Behavior at home?***¿Que es el comportamiento del niño casa?* | [ ]  **Normal** *Normal* [ ]  **Inconsistent Behavior** *Comportamiento Inconsistente* [ ]  **Extreme Behavior**  *Comportamiento extremo* |
| **If “Somewhat Different or Extremely Unusual” explain:**      *Si explicar "Algo diferente o extremadamente inusual":* |

**Health** *Salud*

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| **Any family members diagnosed with Dyslexia?***¿Cualquier miembros de la familia diagnosticados con dislexia?* | [ ]  **YES** *Sì* [ ]  **NO** | **If “Yes” Who?**      *Si "Sí" quien?* |
| **Do any family members have learning or speech problems?***¿Algún miembro de la familia tiene problemas de aprendizaje o de expresión?* | [ ]  **YES** *Sì* [ ]  **NO** | **If “Yes” Who?**      *Si "Sí" quien?* |
| **Does child have speech or articulation problems?** *¿El niño tiene problemas del habla o articulación?* | [ ]  **YES** *Sì* [ ]  **NO** | **If “Yes” Explain?**      *Si "Sí" explique:* |
| **Is your child currently under a physician care?***¿Está su hijo actualmente bajo cuidado médico?* | [ ]  **YES** *Sì* [ ]  **NO** | **If “Yes” Who?**      *Si "Sí" quien?* |
|  **If your child taking prescription medication?***¿Está su hijo bajo medicamentos?* | [ ]  **YES** *Sì* [ ]  **NO** | **If “Yes” Reason?**      *Si "Sí" explique:* |
| **Does your child have any other physical/ health problems** (e.g., allergies, asthma, ADHD, etc.)?*¿Problemas de salud/fisica?* | [ ]  **YES** *Sì* [ ]  **NO** | **If “Yes” Explain?**      *Si "Sí" explique:* |
| **Does your child have vision problems?** *¿Su hijo tiene problemas de visión?*  | [ ]  **YES** *Sì* [ ]  **NO** | **Prescribed glasses?** *Ellos han prescrito gafas?*  | [ ]  **YES** *Sì* [ ]  **NO** |
| **Did your child have episodes of middle ear fluid build up?***¿Su niño tuvo episodios de líquido en el oído medio se acumulan?* | [ ]  **YES** *Sì* [ ]  **NO** | **Chronic earaches/ ear tubes?***Dolor de oídos crónico tubos?* | [ ]  **YES** *Sì* [ ]  **NO** |

**Early Childhood** *Comportamiento de los niños*

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| **Began saying their first words at:***Comenzó a decir sus primeras palabras en:* | **Age?**      *¿Edad?* | **Began to speak in phrases:***Comenzaron a hablar en frases:* | **Age?**      *¿Edad?* |
| **Talked later then siblings or peers?** *¿Habló despues de hermanos o compañeros?* | [ ]  **YES** *Sì* [ ]  **NO** | **Used “baby talk” past normal stage?** *Utilizan "baby talk" más allá de la etapa normal?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Unable to recite nursery rhymes or learning/ saying new vocabulary words?***¿Incapaz de recitar rimas diciendo palabras nuevas de vocabulario o aprendizaje?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Unable to recall the right words** *(“Um, um, um,…I forgot”)***?** *¿Incapaz de recordar las palabras adecuadas ("Umm, Umm, Umm,... He olvidado")?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Did/ Does your child recognize( basic/ some) letters, colors, numbers, days of week, shapes, alphabet?***¿Hizo / hace reconocer a su hijo (básica / algunas) Letras, colores, números, días de la semana, formas, alfabeto?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Did/ Does your child learn the sounds letters make?***¿Hizo / el niño aprende que las letras sonidos hacen?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Did/ Does your child have difficulty spelling or writing (letters, words, name, copying)?***¿Hizo / ¿tiene su hijo dificultad para deletrear o escribir (letras, palabras, nombre, copia)?*  | [ ]  **YES** *Sì* [ ]  **NO** |
| **Is your child able to put puzzles together by self?***¿Es su hijo capaz de poner rompe cavezas por sí mismo?* | [ ]  **YES** *Sì* [ ]  **NO** |

**School** *Escuela*

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| **Did your child attend pre-school** (private/public)**?***¿Su hijo asistir a la escuela preescolar (privada o pública)?* | **Age?**      *¿Edad?* | **Did your child attend kindergarten** (private/public)**?***¿Su hijo asistir a la guardería (pública o privada)?* | **Age?**      *¿Edad?* |
| **Did your child experience difficulties in pre-school or kindergarten?***¿Su hijo demonstro dificultades en preescolar o jardín de la infancia?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **If “YES” explain:**  *Si "Sí" explique:*      |
| **Has difficulty listening to stories, telling/retelling information and following conversations**?*¿Tiene dificultad para escuchar historias, decir o contar información y mantener conversaciones?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Overuses vague words like** *“stuff”* **or** *“that thing”***?***¿Dice palabras vagas como "cosas" o "esa cosa"?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Has difficulty telling stories in correct sequence?***¿Tiene dificultad para contar historias en secuencia correcta?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Able to easily express him/ herself with correct articulation?***¿Capaz de expresar fácilmente lo / ella misma con corregir la articulación?* | [ ]  **YES** *Sì* [ ]  **NO** |
| **Has your child ever been retained?***¿Fue retenido su hijo?* | [ ]  **YES** *Sì* [ ]  **NO** | **If “YES” Years:**      *Si "Sí" grados:* |
| **Has your child mentioned problems in school?***¿Su hijo menciona problemas de la escuela?* | [ ]  **YES** *Sì* [ ]  **NO** | **What does he say?**      *¿Que dice?* |
| **Do you feel your child is experiencing problems in school?***¿Sientes que su hijo está experimentando problemas en la escuela?* | [ ]  **YES** *Sì* [ ]  **NO** | **If “Yes” answer the next 3 questions.***Si "Sí" contesta las 3 preguntas a continuación.* |
| 1. **Type?** [ ]  **Learning/ Academic** [ ]  **Behavior** [ ]  **Speech** [ ]  **Medical/ Physical** [ ] **Other:**

*Tipo? Aprendizaje / académico Comportamiento Discurso Médica / física Otros* |
| 1. **When were you first aware?** [ ]  **Early Formative Years** [ ]  **Elementary** [ ]  **Middle School** [ ]  **High School**

*¿Cuando estabas consciente? Primeros años de formación Escuela primaria Secundaria primaria Secundaria* |
| 1. **What do you think is the cause?**

*¿Qué crees que es la causa?* |

***Please return this form to the campus RtI case manager.*** *Favor de entregar forma al gerente o miembro de La Respuesta a la Intervención****.***

|  |  |
| --- | --- |
| **Parent Signature:** *Firma del Padre* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** *Fecha***: \_\_\_\_\_\_\_\_\_\_\_** |
| **RtI Core Team Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |