

INITIAL SCREENING FORM

(Parent fill out front page)

Name _____

M F Age _____ Grade _____ School _____

Mother's Name _____

Father's Name _____

Street _____

Home Phone () _____

City _____ State _____ Zip _____

Work Phone (mother/father) () _____

Email address _____

Cell Phone () _____

How did you hear about Options? _____

I give permission for my child to be evaluated by Helen Cox.

Parent/Legal Guardian's signature _____

Date _____

Please make a mark on the line indicating where you would find your child:

Comprehends best by talking and discussing with others _____

Comprehends best by reflecting alone _____

Remembers details _____

Remembers the main points _____

Earaches and colds often experienced during childhood _____

Earaches and colds seldom experienced during childhood _____

Noticeable mood swings from hyperactive then to irritable or sleepy after meals or snacks _____

Even tempered nature, slow to anger _____

Student is rewarded (given gifts, praise) for good grades _____

Grades are not emphasized _____

High frustration tolerance _____

Low frustration tolerance _____

More calm than fidgety _____

More fidgety than calm _____

Plays inside more than outside _____

Plays more outside than inside _____

Seldom participates in artistic, musical activities _____

Often participates in artistic, musical activities _____

Reads/writes with head very close to paper _____

Reads/writes with paper/books 18"- 20" away _____

Legible handwriting _____

Illegible handwriting _____

Outgoing, extroverted, adapts well to new situations/change _____

Shy, introverted, slow to adapt to new situations/change _____

Prefers to read aloud _____

Prefers to read silently _____

Responds and complies quickly _____

Must ask three or more times for child to respond _____

Likes to work in groups _____

Likes to work alone _____

Reads more than watches TV _____

Watches TV more than reads _____

Spells letters/numbers correctly more often than not _____

Misspells letter/numbers more often than not _____

Main reasons you are bringing your child: _____