

San Antonio



A NON-PROFIT MOTOR BEHAVIOR PROGRAM

11985 Starcrest
San Antonio, Texas 78247
Phone (210) 545-2840-4110
FAX (210) 545-6132
Email sabusybodies@satx.rr.com

MEDICAL, DEVELOPMENTAL, AND EDUCATIONAL HISTORY

Child's Name: _____ Age: _____ Date of Birth: _____

Parents Names: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Father's Place of Employment: _____ Work Phone: _____

Mother's Place of Employment: _____ Work Phone: _____

Have Natural Parents Been Separated Or Divorced? _____ Yes _____ No

If Yes Who Has Custody of the Child: _____

Name of School: _____ Grade: _____

Teacher's Name: _____

Referred By: _____

Physician Referral: _____

Indicate the Primary Reason for This Referral: _____

Have any other family member's experienced the same difficulty described above? If "Yes", Explain.

MEDICAL HISTORY

If your child has ever experienced any of the following, please check those items. For areas needing more explanation, include this in the space provided.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Behavioral problems	<input type="checkbox"/> Wears hearing aid
<input type="checkbox"/> Ear infections	<input type="checkbox"/> Seizures	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Neurological problems	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Serious illness
<input type="checkbox"/> Muscular coordination problems	<input type="checkbox"/> Speech problems	<input type="checkbox"/> ADD
<input type="checkbox"/> Sensory Integration dysfunction	<input type="checkbox"/> Language disorder	<input type="checkbox"/> ADHD
<input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> Learning differences	<input type="checkbox"/> On medication
<input type="checkbox"/> Emotional problems	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Unusual sleep habits
	<input type="checkbox"/> Wears corrective lens	<input type="checkbox"/> Other problems
	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/>

EXPLANATION: _____

WHAT SPECIALISTS HAVE EXAMINED YOUR CHILD?

NAME:

DATE:

RESULTS:

Neurologist _____

Family Physician _____

Pediatrician _____

Ophthalmologist _____

Optometrist _____

Ear/Nose/Throat _____

Allergist _____

Psychiatrist _____

Psychologist _____

Physical Therapist _____

Occupational Therapist _____

Other: _____

DEVELOPMENTAL MILESTONES

Below is a list of developmental milestones with the age if normal achievement given. Please check if your child's progress was early, average, or late. Use NA for those items that do not apply to your child.

DEVELOPMENTAL MILESTONES	EARLY	AVERAGE	LATE
Rolled over (3 - 4 months)			
Sat up without assistance (5 - 7 months)			
Crawled (6 - 9 months)			
Stood holding onto furniture (8 – 10 months)			
Walked unassisted (11 – 13 months)			
Fed self with hands (6 – 8 months)			
Fed self with spoon (10 – 14 months)			
Talked single words (12 – 15 months)			
Talked short sentences (18 – 24 months)			
Dressed self with assistance (3 years)			
Dressed self (5 years)			
Pedaled tricycle (3 years)			
Pedaled bicycle with training wheels (4 – 5 years)			
Pedaled bicycle (5 – 6 years)			

OTHER COMMENTS ABOUT YOUR CHILD'S DEVELOPMENT

DESCRIPTION OF CHILD

Please check all of the words below which best describe your child as you see him or her.

<input type="checkbox"/> Self confident	<input type="checkbox"/> Completes work	<input type="checkbox"/> Disturbs others
<input type="checkbox"/> Happy	<input type="checkbox"/> Friendly	<input type="checkbox"/> Outgoing
<input type="checkbox"/> Irresponsible	<input type="checkbox"/> Difficult	<input type="checkbox"/> Sad
<input type="checkbox"/> Clumsy	<input type="checkbox"/> Positive	<input type="checkbox"/> Messy
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Easy going	<input type="checkbox"/> Laughs easily
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Can't sit still	<input type="checkbox"/> Day dreams
<input type="checkbox"/> Fun	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Awkward
<input type="checkbox"/> Distractible	<input type="checkbox"/> Tries patience	<input type="checkbox"/> Neat
<input type="checkbox"/> Unusual fears	<input type="checkbox"/> Dependable	<input type="checkbox"/> Uncooperative
<input type="checkbox"/> Strong temper	<input type="checkbox"/> Sucks thumb	<input type="checkbox"/> Bites nails
<input type="checkbox"/> Works hard	<input type="checkbox"/> Likes teacher	<input type="checkbox"/> Good in games or sports
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Lazy	<input type="checkbox"/> Good balance
<input type="checkbox"/> Loses things	<input type="checkbox"/> Gives up easily	<input type="checkbox"/> Does well in school
<input type="checkbox"/> Sloppy handwriting	<input type="checkbox"/> Defiant	<input type="checkbox"/> Moody
<input type="checkbox"/> Unwilling to try new things	<input type="checkbox"/> Enjoys going to school	<input type="checkbox"/> Doesn't understand deadlines

OTHER COMMENTS:

EDUCATIONAL HISTORY

According to your observation and teacher reports, please check the items below that best describe your child's school behavior and progress. Use *NA* for those items that do not apply to your child. Evaluate your child's ability to:

EDUCATIONAL TASKS	ABOVE AVERAGE	AVERAGE	POOR
Listens to directions			
Follows directions			
Keeps attention on task			
Slow to start and complete tasks			
Functions well in the classroom environment			
Completes written assignments on time			
Recognizes and knows the alphabet			
Cuts using scissors			
Writes in manuscript			
Writes in cursive			
Writes legibly			
Ability to copy from chalkboard or book			
Gets along with classmates			
Participate in games and or sports			
Reading ability			
Mathematical skills ability			
Oral spelling ability			
Written spelling ability			

Has your child received any additional services (within the school or privately) such as tutoring, special education, occupational therapy, physical therapy, or speech therapy? If "Yes", please explain.

Behavior of Child	Not at all	Just a Little	Pretty Much	Very Much
Sits fiddling with small objects				
Hums and makes other odd noises				
Falls apart under stress of examination				
Poor coordination				
Restless or overactive				
Excitable				
Inattentive				
Difficulty in concentrating				
Oversensitive				
Overly serious or sad				
Sullen or sulk				
Has difficulty sharing/taking turns				
Disturbs other children				
Quarrelsome				
Tattles				
Smart alec behavior				
Destructive				
Takes things without permission				
Lies				
Temper outbursts				

Group Participation	Not at all	Just a Little	Pretty Much	Very Much
Isolates himself				
Unaccepted by group				
Appears to be easily led				
No sense of fair play				
Appears to lack leadership				
Does not get along with opposite sex				
Does not get along with same sex				
Teases or interferes with others				
Attitude Toward Authority	Not at all	Just a Little	Pretty Much	Very Much
Disrespectful				
Defiant				
Rude				
Shy				
Fearful				
Demands for attention				
Stubborn				
Overly anxious				
Uncooperative				
Questions authority				

Inattention	Not at all	Just a Little	Pretty Much	Very Much
Confuses the details of games and stories				
Needs a calm, quiet atmosphere in order to work or concentrate				
Doesn't finish what he/she starts (a book, puzzle, etc.)				
Hears, but doesn't seem to listen				
Has difficulty concentrating or paying attention unless on 1:1 structured situation				
Asks to have things repeated				
Is easily distracted				
Has difficulty concentrating on schoolwork or other tasks requiring sustained attention				
Often doesn't seem to listen				
Often fails to finish things he/she starts				
Has difficulty sticking to a play activity				

Activity	Not at all	Just a Little	Pretty Much	Very Much
Is always "on the go"				
Acts as if "driven by a motor"				
Has difficulty remaining seated when required to do so				
Often fidgets with hands or feet or squirms in seat				
Does things in a loud or noisy way				
Must always be doing something or he/she becomes fidgety				
Moves about excessively during sleep				

Impulsivity	Not at all	Just a Little	Pretty Much	Very Much
Disrupts other children				
Has difficulty waiting turn in games or group situations				
Talks excessively				
Calls out in class, makes noises in class				
Often acts before thinking				
Shifts excessively from one activity to another				
Has difficulty organizing work				
Needs a lot of supervision				
Often interrupts or intrudes on others				
Often blurts out answers to questions before they have been completed				

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PAYMENT AND ABSENTEE POLICY

Dear Parent/Guardian

This Payment and Absentee Policy helps us to keep our program affordable and not increase the overall fees.

Payment Policy

- ❖ Payment for the first three weeks of the session must be made by the end of the first week of the program.
- ❖ Payment for the second three weeks of the session is due during the fourth week of the program.

PLEASE PAY PROMPTLY

Absentee Policy

There will be **“No Pro-rating”** for **absences**. We understand occasionally there are unforeseen illness, emergencies and other appointments, etc. Therefore, we will **“make-up”** absences only during the six-week session. These must be scheduled with the instructor during the enrolled six week program.

Adequate notice of planned absences is appreciated for staffing schedules. Withdrawal from the program will require written notice. We appreciate your commitment and look forward to helping your child reach their full potential.

I understand and respect these policies.

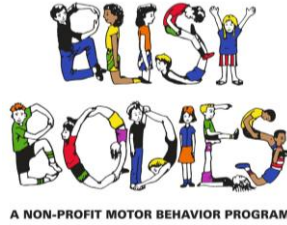
Child's Name: _____

Parent/Guardian Name: _____

Signature of Parent/Guardian

Date: _____

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Dear Parent/Guardian

At various times we like to take photos and/or videos of the children engaged in some of the activities here at San Antonio Busy Bodies. These photos and videos tell a story about the fun learning experiences that we have to offer, and helps spread the word about San Antonio Busy Bodies.

In order to do so, we would like to have your permission. Below is a Media Release Form. If you are willing to have pictures (photographs, videos) of your child/children participating in activities here at Busy Bodies on brochures, news related articles, workshops for teachers, parents, and other related professionals, and on our web site, please fill out this form and return it to the office.

This is a voluntary form. The choice is yours as to whether you sign it or not. We respect and honor your privacy.

Thank You!

San Antonio Busy Bodies, Inc. Media Release Form

I hereby give permission for pictures of my child to be taken and potentially used for news reporting and/or the promotion of San Antonio Busy Bodies. These photos and videos may be in print form or on the San Antonio Busy Bodies website (www.sabusybodies.org).

Child's Name: _____ Age: _____

Parent/Guardian Name: _____

Signature of Parent/Guardian