

Jacksonville Pediatrics  
2606 Park Street  
Jacksonville, FL 32204  
904-388-4646  
Fax 904-388-9017

Dear Parents,

If you are reading this it is because you have come to us with concerns about a school or behavioral problem involving your child. Behavioral and school problems are often complex and there are many different possible causes.

To help us sort through these issues please fill out the attached forms. In addition, have your child's school fill out their forms. There should be 3 pages for the parents and 3 pages for the school.

After you have all of the forms completed please call and make an appointment. Indicate that the appointment is for a school or behavioral problem as special appointments are set for this. To make the appointment the most effective we recommend the following:

- a) Bring only the child in question. Other children/siblings often distract the parents and embarrass the child in question.
- b) All involved parents/guardians should attend. Many times parents don't see eye to eye on the issues involving their child and having everyone together to discuss the problems helps prevent miscommunication.
- c) You MUST bring the forms in with you! Without this baseline information you may be asked to reschedule.
- d) You MUST show up on time. These evaluations take time and can't be done in a rushed way.

We look forward to seeing you soon,

Jacksonville Pediatrics  
Behavioral Problems/School Problems Intake Form

Parent Form (3 pages total)

General/Demographic Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Who is concerned about the child's behavior and/or school problems? (check all that apply)

Mother  Father  Teacher  Other: \_\_\_\_\_

How long has there been a concern about the child? \_\_\_\_\_

Has the child had any prior diagnosis or treatment for behavioral or school problems?

Yes  No

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Information

With whom does the child live? (check all that apply)

Mom  Dad  Siblings (how many, ages): \_\_\_\_\_

Others living with the child: \_\_\_\_\_

Is there a family history of divorce/separation?  Yes  No

Is there a family history of domestic violence?  Yes  No

Is there a family history of drug or alcohol abuse?  Yes  No

Is there a family history of ADHD, Depression, or other mental health disorders?

Yes  No

School Information

What is the student's current grade level? \_\_\_\_\_

Has the child ever repeated a grade level?  Yes  No

Are there certain subjects which are a particular problem?  Yes  No

How many days has the child been absent from school in the last year? \_\_\_\_\_

### School Information con't

Has the child ever been suspended for behavioral problems? \_\_\_Yes \_\_\_No

Has there been any prior educational/psychological testing (IQ, learning evaluation, Disability evaluation, etc?) \_\_\_Yes \_\_\_No

### Medical Evaluation

Were there any complications at the birth of the child? \_\_\_Yes \_\_\_No

Does the child have a history of any neurological disorders or seizures? \_\_\_Yes \_\_\_No

Does the child have staring spells? \_\_\_Yes \_\_\_No

Does the child have frequent nasal congestion, sneezing, snoring or other allergy symptoms? \_\_\_Yes \_\_\_No

Is there any history of anemia or low iron? \_\_\_Yes \_\_\_No

Is there any history of lead poisoning? \_\_\_Yes \_\_\_No

What medications (including over the counter) is the child taking?

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Does the child drink caffeinated beverages? \_\_\_Yes \_\_\_No

### **Environmental Information**

Where does the child sleep? \_\_\_In own room, alone \_\_\_In room with sibling

\_\_\_With parents \_\_\_Other:\_\_\_\_\_

Does the child have a regular bedtime? \_\_\_Yes (time:\_\_\_\_\_) \_\_\_No

What time does the child wake in the morning? \_\_\_\_\_

How many hours a day just the child watch TV? \_\_\_\_\_

Is there a TV in the child's room? \_\_\_Yes \_\_\_No

How many hours a day does the child play video games/computer? \_\_\_\_\_

How many hours a day does the child spend reading? \_\_\_\_\_

How often do you read to the child? \_\_\_daily \_\_\_2-3 times/week \_\_\_  
\_\_\_once a week \_\_\_Never

**Please Check All Items That Apply to Your Child:**

OFTEN fails to give close attention to details or makes careless mistakes in schoolwork or other activities.

OFTEN has difficulty sustaining attention in tasks or play activities

OFTEN does not listen when spoken to directly

OFTEN does not follow through on instructions and fails to finish schoolwork or chores

OFTEN has difficulty in organizing tasks or activities

OFTEN avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort

OFTEN loses things necessary for tasks or activities

Is OFTEN distracted by extraneous stimuli

is OFTEN forgetful in daily activities

OFTEN fidgets with hands or feet or squirms in seat

OFTEN leaves seat in classroom or other situations in which remaining seated is expected.

OFTEN runs about or climbs in situations in which it is inappropriate

OFTEN has difficulty playing or engaging in leisure activities quietly

Is OFTEN “on the go” or often acts as if “driven by a motor”

OFTEN talks excessively

OFTEN blurts out answers before questions have been completed

OFTEN has difficulty awaiting his/her turn

OFTEN interrupts or intrudes on others

**Jacksonville Pediatrics  
Behavioral Problems/School Problems Intake Form**

**School Form**

**General/Demographic Information:**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

School: \_\_\_\_\_ Grade level \_\_\_\_\_

Is the school:  Public  Private

If private, is there a school psychologist available to evaluate school/learning problems?

Yes  No

If public, who is the school psychologist responsible for evaluating children with learning problems at your facility?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

What is the name of the child's primary teacher?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Educational Information:**

Has the child ever had to repeat a grade?  Yes  No

Details \_\_\_\_\_

In the current year the child's grades are:

Honor Roll  Above Average  Average  Below Average  Failing

Are there particular subjects which seem difficult for the child?  Yes  No

Details: \_\_\_\_\_

Has the child required formal disciplinary action? (detention, suspension..)  Yes  No

Details: \_\_\_\_\_

**School Concerns:**

Please briefly summarize the school's concerns, if any, about the child:

**Educational Evaluation to date:**

As you are aware, public schools are required by federal law to evaluate children with school failure/suspected learning problems. Please answer the following to summarize your school's evaluation of the child:

Has the child had formal psycho educational testing by the school psychologist for:

General Assessment of IQ     Yes     No

To rule out learning disabilities/dyslexia     Yes     No

To assess for features of ADHD     Yes     No

If yes, we request that a copy of the testing be forwarded to us with this form.

Has the child passed a school based hearing screen?     Yes     No

Has the child passed a school based vision screen?     Yes     No

Does the child have in Individualized Educational Plan?     Yes     No

If yes, we request that a copy of the IEP be forwarded to us with this form.

What special educational services is the school currently providing?

Please answer the questions on the following page.

**Please Check All Items That Apply to the Student:**

OFTEN fails to give close attention to details or makes careless mistakes in schoolwork or other activities.

OFTEN has difficulty sustaining attention in tasks or play activities

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