



**Pelham School District**  
59A Marsh Rd.  
Pelham, NH 03076  
(603)- 635-8875

**INITIAL REFERRAL INTAKE FORM**

Student Name:	Date:
Date of Birth:	Current Grade:
Form Completed By:	School:
Child Lives With:	Referred By:

**Birth and Developmental History:**

*Pregnancy:*

Any illnesses or complications during pregnancy?

- ☐ Yes: \_\_\_\_\_  
☐ No

Was the child adopted?

- ☐ Yes, at age: \_\_\_\_\_  
☐ No

Any relevant or important information in regards to the child's birth or care directly after birth?

*Infancy and Early Childhood:*

Please circle any of the traits that describe your child during infancy and early development:

Quiet and content	Colicky and Irritable	Easy to feed
Overactive	Daily feeding problems	Sunny Disposition
Frequent sleeping problems	Daredevil	Usually relaxed
Nervous and Fearful	Under-active	Coordinated
Cuddly, easy to hold	Avoided eye contact	Didn't enjoy cuddling and touch
Clumsy	Easy to settle/calm	Curious and careful
Had many tantrums	Adaptable/Flexible	Accident-prone
Moody	Liked people	Slept well

**Were developmental milestones met on time, early, or delayed? Explain:**



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Did your child have frequent ear infections as a young child?

- ☐ Yes, explain:  
☐ No

Does your child currently have any medical diagnosis?

- ☐ Yes, explain:  
☐ No

Is your child currently taking any medication?

- ☐ Yes, explain:  
☐ No

Has your child ever been hospitalized or taken to the emergency room with a serious illness or injury?

- ☐ Yes, explain:  
☐ No

Has your child ever experienced a head injury?

- ☐ Yes, explain:  
☐ No

If yes, did your child lose consciousness?

- ☐ Yes, explain:  
☐ No

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**Educational History:**

Did your child attend preschool?

- ☐ Yes: where:  
☐ No

Were there any concerns noted in preschool?

- ☐ Yes, explain:  
☐ No

Did your child attend kindergarten?

- ☐ Yes, where:  
☐ No

Please list where your child attended first grade through present:

Were there any concerns?

- ☐ Yes, explain:  
☐ No



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Has your child ever had an evaluation of his or her academic or cognitive abilities?

☐ Yes, explain:

☐ No

***Current Academic/School Performance:***

What subject(s) is your child most successful in?

What subject(s) are most difficult for your child?

What made it difficult for your child?

What supports or interventions have been put in place to support your child?

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**Planning, organization, and attentional regulation:**

Please describe your child's general organizational skills.

Does your child use a planner or agenda (electronic or paper) to keep track of assignments?

☐ Yes

☐ No. Why not?

Does your child check school resources at home to monitor work completion and planning?

☐ Yes

☐ No.

☐ If no, do they know how?

Does your child complete homework regularly?

☐ Yes

☐ No

Does homework time cause stress, worry, or frustration for your child?

☐ Yes

☐ No

Is your child independent with homework?

☐ Yes

☐ Needs just some support or reminders

☐ Needs help to get going or finish up

☐ Needs a lot of support regularly



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Do you have concerns about your child's attention?

- ☐ No
- ☐ Yes, my child can be very active and fast moving
- ☐ Yes, my child can be easily distracted
- ☐ Yes, both concerns apply to my child.

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**Social Skills:**

Describe your child's friendships. Does your child have difficulty making and/or maintaining friendships?

Does your child participate in any sports, clubs, or activities?

Does your child experience any emotional or behavioral challenges?

Has your child experienced any unusually stressful or traumatic events?

Is your child currently participating in outside counseling services?

*By signing below, I understand that this information will be a part of my child's school record and may be used by your child's school team for evaluation reports and educational planning.*

Parent Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_