

DIPLOMATE OF THE AMERICAN BOARD OF PEDIATRIC NEUROPSYCHOLOGY

DIPLOMATE OF THE AMERICAN BOARD OF PROFESSIONAL NEUROPSYCHOLOGY

3. Health

Any problems?

<u>INITIAL HISTORY – IQ TESTING</u>

PLEASE FILL OUT \underline{ALL} SECTIONS BELOW

Child's Na	me:	Date o	f Birth:			
Ethnic/Cu	Itural Background:	Langu	age(s) spoken:	-		
Child's cu	rrent school:	Curre	Current grade:			
Parent 2:_	Name	Phone	Email Email			
Has your	child undergone previo	us IQ testing? Yes	No			
If yes,	When?	With whom?	Test administered?			
What are y	our child's strengths?					
What are y	our child's challenges?					
		HEALTH AND DEVEL	OPMENT			
1. <u>Pr</u>	egnancy/Delivery:					
	a. Baby's gestational age (Full-term? Late? Early? How many weeks?)					
	b. Any complication	s?				
2. Milestones – APPROXIMATELY WHEN DID YOUR CHILD:						
	sit without suppor	rt <u>crawl</u>	walk			
	Speak first words	speak phrases	<u>/sentences</u>			

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Initial	History	IQ	Testing.
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4.	School	l history of child (academic, social, performance. Include school names)
	a.	Preschool name-
		performance:
	b.	Elementary name
		performance:
	c.	Middle School name
		performance:
5.	<u>Family</u>	y and social constellation
	Parent	ts are Married/Cohabiting/Divorced/Separated/Widowed
	Other	children: Brother(s) names and ages Sister(s) names and ages
	How's	s your child's social life? How does he/she spend free time?
6.	Famil	y history
	Year	s of school/degree(s) obtained: Mother: Father: Parents' type(s) of work?
7.	Suppl	ementary Information – anything else you want to include
If test School	results	demonstrate your child's IQ is 138 or above, and you plan to make an application to The Mirman e sign below to authorize me to release the report to The Mirman School admissions office.
-		Name Date
		Signature