

The Murphy-Cates Learning Center and Academy

A Service of Understanding the Way, Inc.

Student Case History

Date _____

Student:

Full Name _____ Preferred name _____

Address _____

City State Zip _____

Birthday _____

School _____ Grade _____

Person responsible for fees _____ Relationship _____

Contact Name & phone numbers

Emergency Contact _____ Phone _____ Alternate # _____

Parents:

Custody: Both Parents _____ Father _____ Mother _____ Other _____

Father's Name _____

Father's Address _____

Father's Phones _____ (h) _____ (c) _____ (w) _____

Father's Email _____

Father's Employer _____

Employer's Address & Phone _____

Mother's Name _____

Mother's Address _____

Mother's Phones _____ (h) _____ (c) _____ (w) _____

Mother's Email _____

Mother's Employer _____

Employer's Address & Phone _____

Siblings:

Name

Age

Grade

School

General Questions:

How did you learn about Murphy-Cates? Please circle.

Friend

Doctor

Saw the sign

Phone Book

Curriculum Fair

Mailing

Other _____

Has student ever been separated from one or both parents? No Yes, at what age? _____

For how long? _____

Has the student ever had trouble telling left from right (when following directions, turning taps or handles)?

Have you ever had the idea that the student might be having a difficulty in reading? _____ If so,

- What have you done to help the student? _____
- If you do recognize the possibility of reading difficulty, what is the most likely reason for in, in your opinion? _____

- Do you think the student really has difficulty with reading or is it that the student doesn't read much because he/she isn't interested in the content or understands what is read?

- Has the student shown any other slowness or learning difficulty at home besides reading? _____

Does the student go to great lengths to attract attention? No Yes

Does the student change moods quickly (shy to aggressive, depressed to high spirited)? No Yes

Does the student concentrate on what he/she is doing? No Yes

Does the student have difficulty thinking of the word he/she wants to say? No Yes

Does the student have problems relating happenings? No Yes

Does the student appear to know the word he/she wants to say but unable to get the word out? No Yes

What are the student's favorite activities? _____

Does any member of the student's extended family have a learning disability? No Yes

Have any family members had difficulty with reading or spelling? No Yes, who _____

Medical & Family History

Does the student have any medical problems, which could interfere with learning? _____

Has the student had a hearing test in the last year? No Yes, Doctor _____

Was the student a full-term baby? Yes No, how premature? _____

Birth Weight _____ lbs. _____ oz.

Did the mother work during pregnancy? No Yes

Were there complications during pregnancy? No Yes, explain _____

Explain: Toxemia _____ Bleeding _____ Nausea _____ Illness _____

RH incompatibility _____ Infections _____ Accidents _____

Other _____

Was the labor and delivery normal? No Yes

Check: induced ____ duration of labor _____ anesthesia ____ placenta praevia ____ breech ____

cesarean ____ complications _____

At birth, was there: anoxia ____ jaundice ____ additional medical attention ____ incubation ____ forceps ____

If yes, please explain _____

Does the student have allergies? No Yes

Does the student have asthma?	No	Yes
Does the student have diabetes?	No	Yes
Does the student have convulsions?	No	Yes
Did the student have frequent ear infections?	No	Yes
Is the student on any medications?	No	Yes

If yes, please explain:

Vision Screening:

Has the student had a vision test in the last year?	No	Yes, Doctor _____
Does the student hold a book very close?	No	Yes
Hold head at an extreme angle to the book when reading?	No	Yes
Cover one eye when reading?	No	Yes
Squint when doing near work?	No	Yes
Poor posture when working close?	No	Yes
Moves head back and forth while reading instead of moving only eyes?	No	Yes
Poor attention span, drowsiness after prolonged work less than an arm's length away?	No	Yes
Homework requiring reading takes longer than it should?	No	Yes
Occasionally or persistently report seeing blurring or double while reading or writing?	No	Yes
Reports blurring or doubling only when work is hard?	No	Yes

Early Childhood and Learning Development

Was the child breastfed?	No	Yes, how long? _____
Bottle fed?	No	Yes, how long? _____
Any difficulties sucking or swallowing? _____		
At what age did the student sit up by self? _____		
At what age did student walk independently? _____		

Student's Current Conditions

Does the student:

have lapses in attention?	No	Yes
stare into space?	No	Yes
have temper tantrums?	No	Yes
understand parents?	No	Yes
follow directions?	No	Yes
enjoy being read to?	No	Yes
prefer pictures to printed material?	No	Yes

Does the student respond to these sounds? Circle

Human voice doorbell telephone car horn airplane television

Does the student constantly ask you to repeat what you say so that the procedure becomes more or less automatic? No Yes

Can the student remember a short spoken message exactly, like a phone number? No Yes

Describe the following about the student's language:

At what age did the student speak his/her first word? _____

At what age did the student begin to talk in sentences? _____

Describe student's present use of language _____

Is the student's speech intelligible? _____

Are there any sounds which he/she cannot make? _____

Has the student had speech therapy? _____

Does the student ever mix up parts of words or the order of words in a sentence (*flutterby* for *butterfly*, *hopgrasser* for *grass hopper*, or *weeks of the day* for *days of the week*)? _____

After age 3 or so, did the student still tend to leave out words? (I going to school.) _____

Can the student print his/her name? _____

Does the student jumble or reverse any letters when writing? _____

Has the student been subject to more than his/her share of falls? _____

Can the student fasten and unfasten buttons, thread beads, etc, easily? _____

Does the student kick with left foot? _____

Is student right-handed, left-handed or ambidextrous? _____

Did student establish hand dominance slowly? _____ What age? _____

Student's School History

Did the student attend preschool? No Yes, how many years? _____

How old was the student when he/she began first grade? _____

Has the student had different teachers in the same year? _____

Had the student had any long absences from school? No Yes, why? _____

Has the student changed schools during a school year? _____

How many schools has the student attended? _____

Have they all been in the same city or state? _____

Has the student ever been expelled or suspended from school? _____ Reason: _____

Was a problem at school identified? No Yes, when? _____

How did the school describe the problem? _____

Present grade _____ Grades repeated _____

Best subject _____

Poorest subject _____

Name of last school attended: _____

Address: _____

Phone: _____ Teacher name: _____ Grade: _____

Further Information

If there is any more information you feel we should know, please explain here: _____
