**Student Name:** _____

**DOB:**_____

Dear School:

**Please detach and keep page for your records. Pages 2-3 should be mailed to the address below.**

The above student is being evaluated by our office. We are asking you to complete the following as well as questionnaires that are emailed to you. You will receive an invitation to fill out questionnaires through your email. You will receive an invitation code to open the online questionnaires. Please do not try to open the link until you have the invitation code. Please return to us as soon as possible. You cooperation in completing this questionnaire is a very important part, and your comments and insights will be greatly appreciated.
The parents/guardians should have signed the release that appears below, to exchange information. This is for you to keep. Thank you for your assistance. If you have any questions or have additional information that you feel would be helpful, please feel free to call. Please send all forms to the address that appears below. Thank you

_____

**PLEASE ENTER NAME OF DOCTOR**

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Four Seasons Pediatrics
532 Moe Road
Clifton Park, NY 12065

Telephone 383-2425

**PERMISSION TO EXCHANGE MEDICAL AND SCHOOL INFORMATION (FOR PATIENT's MEDICAL RECORD)**

I, _____ authorize Four Seasons Pediatrics to exchange information with _____ (name of school) regarding _____; DOB: _____ (Student name and date of birth)

In order to facilitate communication between my child's school and my doctor, I hereby give permission for sharing of medical, social, personal, and educational information relevant to the care and treatment of my child's learning difficulties.

I understand that my permission is required to release any information related to psychiatric and emotional health, sexual abuse, and/or drug and alcohol use, and I do grant permission for including such information if relevant in the care and treatment of my child's medical condition.

I understand that the confidentiality of these records will be protected. These records cannot be disclosed without written consent, except as provided for under Federal or State of New York laws. I also understand that this consent can be revoked at any time, except to the extent that action has been taken. I further acknowledge that I understand the purpose of this release and consent is given of my own free will.

_____ _____

Signature and relationship of individual authorizing release Date

**School Packet B**

**Patient Name: _____**
**DOB:_____**

Date: _____ Age: _____ Grade: _____ Teacher: _____

School: _____ Phone: _____ Fax: _____

School Address: _____

In what role, and for how long have you had contact with this student? _____

_____

Has this child been held back or advanced any grades? _____

If yes, state reason: _____

Length of attendance at your school: _____

Frequency of absence from school: _____

Please briefly summarize any educational testing performed on this child (or attach information) Please include IQ testing. (If testing will be done in the future, please state approximately when). _____

_____

Please describe briefly any problem areas you have observed in this child:

_____

_____

How would you rate the severity of this child's problems compared to classmates of same age and sex?

_____

What procedures (if any) have been tried to change any of these concerns? Did it work?

_____

_____

Please describe any special help or services this child is receiving at school:

_____

_____

Briefly characterize student's relationships with peers and adults:

_____

_____

**ACADEMIC ACHIEVEMENT (as appropriate)**

| Subject Fields | N/A | Poor | Fair | Good | Excellent |
|---|---|---|---|---|---|
| **Apparent Intelligence** | __ | __ | __ | __ | __ |
| **Penmanship** | __ | __ | __ | __ | __ |
| **Language/Art** | __ | __ | __ | __ | __ |
| **Reading** | __ | __ | __ | __ | __ |
| **Spelling** | __ | __ | __ | __ | __ |
| **Math** | __ | __ | __ | __ | __ |
| **Sciences** | __ | __ | __ | __ | __ |
| **Social Studies** | __ | __ | __ | __ | __ |
| **P.E. (recess)** | __ | __ | __ | __ | __ |

**Please attach any copies of CSE and/or IEP's that have been developed on this student.**

**Any other comments you have:**