School Therapy Services

Student Background Information Form

Form is optional. To be completed by Parent/Legal Guardian/Student

(or by Resource Teacher documenting information obtained verbally from Parent/Legal Guardian/ Student)

Student
First Name: _____ **Last Name:** _____ **DOB:** _____

Please give details about the student's medical history. Include diagnoses, health information, medications used, surgeries, services received now or in the past, etc. Attach any medical reports that may be helpful.

Does the student have any other special social or behavior or communication needs? ☐ no concerns

Is there anything else that would be helpful for the therapist to know about the student?

_____ _____

Date Name of Person completing form/Relationship to Student

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