

Marian S. Soderholm *M.A., Learning Disabilities Specialist*

Information Questionnaire :

Please answer the following questions and return this before the test date.

(please print)

Student name _____ Date of birth _____

Parent's names _____

Home address _____

City / State / Zip _____

Home phone _____ Work/Cell phone _____

Email address: _____

Name of school _____ Grade _____ Age _____

Person responsible for referral _____

Reason for referral, including questions you would like help with _____

Has an IEP been written for your student? _____

Is the student adopted?...if so, at what age? _____

Does your student have medical problems? _____

Is there any history of learning disabilities in the family? _____

Did the student go through normal developmental milestones? _____

Is the student currently taking any medications? _____

What educational testing has your student taken? _____

