



Counseling. Development. Education.

The Costello Center
8081 38th Ave N., St. Petersburg, FL 33710
Phone: 727-345-2667 Fax: 727-209-2667
www.thecostellocenter.com

ACADEMIC EVALUATION – CHILD/ADOLESCENT

Date _____
Child's Name _____
Sex ____ Age ____ Grade ____ Birthdate ____/____/____
Parent(s) _____
Address _____
Phone/Home/Cell _____ Phone/Work _____
Name of Person(s) filling out this form

So that we can help you, please fill out the following information about the person being evaluated. This information will be confidential. If we have not provided enough space, please feel free to use the back of the page.

What are the problems or difficulties that your child is experiencing?

Has your child ever had a psychological, special education, language, or neurological evaluation? If yes, please provide any information you wish to share.

Does your child have an Individualized Education Plan (IEP) or 504 Accommodation Plan? Any academic accommodations?

What have you or others tried to help with the problems or difficulties?

When did these problems begin?

Health

Are there any medical concerns that may be impacting the problems or difficulties? If yes, please explain.

Is your child currently taking any medication? If yes, what medications?



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Has your child ever had any head injuries (loss of consciousness), seizures, hospitalizations, or surgery? If yes, please explain.

School

What school is your child attending? _____

Is your child in special classes? If yes, what kind?

Has your child repeated any grades? _____

What are your child's academic strengths?

What are your child's academic weaknesses?

Is your child currently receiving any academic support (e.g. tutoring, coaching, one-on-one assistance)?

Please share any past or current school grades available (e.g. FCAT scores, Common Assessment grades, tests):

What are your child's feelings about school?

Home

What language(s) are spoken in the home and which is primary?

What problems does your child have at home?
