



PARENT INFORMATION FORM
MORRISSEY-COMPTON EDUCATIONAL CENTER, INC.
2555 Park Blvd., Suite 1
Palo Alto, CA 94306
(650) 322-5910, fax (650) 322-7075

Please complete the following questions. Although detailed, your answers to these questions will assist us with your child's evaluation. All information is confidential. Please PRINT your responses.

Today's Date _____

Child's Name _____ Birthdate _____ Age _____

Home Address _____ Home Phone _____

City/Zip _____ E-mail _____

Referred to Morrissey-Compton Educational Center by: _____

Please explain your major reasons for seeking an evaluation at this time: What questions would you like addressed?

Note: If one purpose of this evaluation is to determine if the student is eligible for accommodations on standardized tests, in addition to this form, please fill out the attached Educational History form.

Parent 1 Name _____ Address _____

Occupation _____ Home Phone _____ Work Phone _____

Parent 2 Name _____ Address (if different) _____

Occupation _____ Home Phone _____ Work Phone _____

Marital status of parents: _____ If divorced, do both biological parents know about the evaluation and give their consent: _____

Step-parents' Names _____

Address _____ Phone _____

With whom does your child live? List all people living in household

Ages and genders of Siblings:

<u>Name</u>	<u>Age</u>	<u>Gender</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the child adopted? _____

Languages Spoken in the Home _____

EDUCATIONAL HISTORY:

Current School _____ Current Grade _____

Teacher _____ Resource Specialist _____

List all other schools child has attended, including dates.

<u>School</u>	<u>Location</u>	<u>Date Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child experienced difficulties in learning or acquiring basic academic skills? If so, what areas. _____

Has your child's behavior ever been considered a problem by the school? Yes _____ No _____

If yes, provide details. _____

Has your child ever been reluctant to attend school? Yes _____ No _____ If yes, describe.

Is your child currently being tutored? Yes _____ No _____ In the past? _____

Has your child ever been tested for special education services? Yes _____ No _____ If yes, when, by whom. What was the result? (Please include a copy of the evaluation if possible).

Date

Agency or Individual

What successes has your child experienced in learning? _____

Has your child received awards at school? If so, please specify age/grade and/or subject _____

Has your child ever repeated a grade or failed a subject? Yes _____ No _____ If yes, specify age, grade, and/or subject: _____

Is child's attention persistent? Does he/she have trouble concentrating? Yes _____ No _____
If yes, describe. _____

Please list any previous therapies your child has received (speech & language, occupational, physical, recreational, psychological, psychiatric).

DEVELOPMENTAL HISTORY

Were there any difficulties during pregnancy? Yes _____ No _____ If yes, please describe.

Did the mother take any medications or use any drugs/alcohol during pregnancy? Yes _____
No _____ If yes, please describe. _____

Describe your child's delivery. (e.g. if child was full-term or premature, vaginal or c-section,
forceps, induced labor, etc.) _____

Child's birth weight _____ During the first week of life, did the child have any of the
following: Feeding trouble _____ Yellow jaundice _____ Diarrhea _____ Excess vomiting _____
Blueness _____ Need of oxygen _____ Seizures _____ Breathing trouble _____

How old was the child when he/she first: (as best as you can recall)

Crawled _____ Walked _____ Spoke first words _____ Sentences _____
Completed toilet training _____ Stayed dry at night _____ Rode a bike
_____.

MEDICAL HISTORY

Place a check next to any illness/condition that your child has had.

_____ Measles _____ Mumps _____ Chicken Pox _____ Pneumonia
_____ German Measles _____ Asthma _____ Headaches _____ Dizziness
_____ Broken Bones _____ Head Injury _____ Diabetes _____ Whooping Cough
_____ Seizures _____ Scarlet Fever _____ High Fever _____ Exposure to TB
_____ Anemia _____ Epilepsy _____ Tiredness _____ Ear Infections
_____ Difficulty sleeping _____ Difficulty eating _____ Vision problems _____ Hearing Problems

Please provide details of any checked items, such as the date or age of child when illness
occurred.

<u>Date</u>	<u>Child's Age</u>
_____	_____
_____	_____
_____	_____

Please list any previous surgeries or hospitalizations. _____

Is your child allergic to any medications, foods, or other substances? Yes ____ No ____ If yes, please describe. _____

If your child is under current medical supervision, please list names and phone numbers of doctors.

Doctor Name	Phone Number	Condition Treated
_____	_____	_____
_____	_____	_____

Please list any current medication (including dosage). Include any medication ADD/ADHD, depression, anxiety, etc.

Medication	Dosage	Date Started Taking Medication
_____	_____	_____
_____	_____	_____

Any past or current use of drugs such as alcohol, marijuana, cocaine? Yes ____ No ____ If yes, please describe and state by whom. _____

FAMILY MEDICAL HISTORY

Place a check next to any illness or condition that any member of the family has had, noting the family member's relationship to the child (father, mother, brother, sister, aunt, uncle, etc.)

Learning Disability _____ Anxiety _____
Depression _____ Alcoholism _____
Manic Depression _____ Drug Addiction _____
Suicide _____ Schizophrenia _____

Please describe all major transitions the child may have experienced (changes in residence or school, loss of loved ones through death or divorce, etc.) and his/her reaction. _____

How does the child get along with others, including siblings, peers, and adults? _____

Please check all items that presently apply to your child's present condition:

- | | | |
|---|--|--|
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Headaches | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Hot or cold spells | <input type="checkbox"/> Binge eating |
| <input type="checkbox"/> Worried | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Vomiting after eating |
| <input type="checkbox"/> Weight change | <input type="checkbox"/> Stomach problems | <input type="checkbox"/> Use of diet pills |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Use of laxatives |
| <input type="checkbox"/> Sexual problems | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Use of cigarettes |
| <input type="checkbox"/> Thoughts of suicide | <input type="checkbox"/> Use of alcohol | <input type="checkbox"/> Problems with stealing |
| <input type="checkbox"/> Relationship problems | <input type="checkbox"/> Use of drugs | <input type="checkbox"/> Problems with lying |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Problems with cheating |
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Coordination problems | <input type="checkbox"/> HIV positive |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Panicky feelings | <input type="checkbox"/> Victim of physical abuse |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Rapid heart beat | <input type="checkbox"/> Victim of sexual abuse |
| <input type="checkbox"/> Obsessive thoughts | <input type="checkbox"/> Strange experiences | <input type="checkbox"/> Problems with temper |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Daytime wetting |
| <input type="checkbox"/> Unhappiness | <input type="checkbox"/> Trouble with the law | <input type="checkbox"/> Profane language |
| <input type="checkbox"/> Feeling inferior | <input type="checkbox"/> School related stress | <input type="checkbox"/> Difficulty explaining self |
| <input type="checkbox"/> Overly slow | <input type="checkbox"/> Tics | <input type="checkbox"/> Overly active |
| <input type="checkbox"/> Falls often | <input type="checkbox"/> Problems with mother | <input type="checkbox"/> Problems with father |
| <input type="checkbox"/> Nail biting | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Fussiness |
| <input type="checkbox"/> Fear of specific object or situation | | <input type="checkbox"/> Strong dislike of criticism |
| <input type="checkbox"/> Difficulty following directions | | <input type="checkbox"/> Poor fine motor skills |

Please add any other information you feel is important regarding our assessment of your child.

Please include your child's achievements. _____

*Note: With your permission, a copy of the written report will be mailed to your child's pediatrician and school. Please indicate this on the Authorization To Exchange form during intake with Clinician.

CONSENT TO TREAT AND DISCLOSURE STATEMENT

Clients Name: _____

Clients and legal guardians consent to receive assessment and/or treatment services at Morrissey-Compton Educational Center, Inc. and to enter into the following understanding:

1. Clients will be administered diagnostic and/or treatment procedures recommended by professional staff. Psychological Assistants are supervised by John T. Brentar, Ph.D., PSY13146. In the case of joint custody, both parents will need to sign and date this document.

2. The information provided during assessment and/or treatment services is confidential. Specific information is release to outside agencies or persons only after written consent of a parent(s) or legal guardian(s) is obtained. The only exceptions to confidentiality are as follows:

- When a client, family member, or collateral person states an intention to seriously harm him/herself or harm another person, Morrissey-Compton has the legal obligation to warn the individual's family, intended victim, and/or police
- When there is a reason to believe there is abuse or neglect of a child or vulnerable adult, the law requires a report be made to the police or other appropriate county agencies
- When an emergency condition occurs, Morrissey-Compton will communicate with family members or other appropriate persons
- By court order

3. Individuals and families have the right to access clinical information. You may request an information review with a Morrissey-Compton practitioner. However, in certain circumstances, if a Morrissey-Compton practitioner determines that reviewing such information may be deemed harmful, the practitioner may instead provide a summary of the clinical information.

4. Fees and financial arrangements will be discussed by the first appointment and a financial agreement will be signed at the onset of the services. When pursuing an evaluation, the total fee is due at the first visit. Scheduled appointments require a 24-hour cancellation notice. If notice is not received, clients may be charged a fee of \$150. If an evaluation is cancelled after the full payment has been received, the full payment, less the intake fee and/or any cancellation fees for missed appointments, will be refunded.

5. It is understood that Morrissey-Compton does not bill insurance companies directly and each family is responsible for pursuing their own insurance reimbursement for services.

6. Morrissey-Compton routinely provides a copy of the written report to your child's pediatrician. Please inform your clinician if you do not wish to have a copy mailed to the doctor.

By signing below, I agree to the terms and conditions outlined above and authorize Morrissey-Compton to provide assessment and/or treatment services to my child and/or family. I also agree to be financial responsible for those services.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Client's Rights to Privacy Notice

The Morrissey-Compton Educational Center, Inc. is committed to preserving the privacy of your confidential information and records or that of your child. In fact, we are required by law to protect the privacy of the information you share with us as well as the information we gather from an evaluation conducted at this agency. In addition, the law requires the Center to provide you with this notice describing how the information will be used, when and how this information would be disclosed and how you can access this information.

It is our policy as well as the law to have your written consent before the Center uses or discloses information we have about you or your child. This would include schools, other agencies or professionals, as well as insurance companies. We may, however be required by law to disclose information about you or your child without your consent in response to a court order, subpoena, warrant, or summons subject to legal requirements. At any time, you may revoke your consent that allows us to disclose information by giving us written notice. Your revocation will be effective upon receipt of notice.

You have the right to inspect the information we have in our files about you or your child including billing information. If you do wish to inspect the files, please call and make an appointment with the clinician with whom you have been working so that that individual may be of service to you in this matter. If you have a child who was evaluated at this agency who is now at least 18 of age, we will need that individual's written consent before reviewing the files. If you believe that the information in our files is either incorrect or incomplete, you may ask us to amend the information. Test scores, clinical observations during the evaluation as well as diagnoses will not be changed.

If you believe that your privacy rights have been violated, you may file a complaint with us or with:
The Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Our Board of Directors as well as the Director will review any complaints filed.

Please sign below to indicate that you have received the Privacy Notice

(Please print name)

(please sign name)

(date)

Morrissey-Compton Educational Center, Inc.
2555 Park Blvd., Suite # 1
Palo Alto, California 94306
(650) 322-5910

Directions to the Center

From the 101 (Bayshore) Freeway

- (651) Exit onto Oregon Expressway west
- (652) Follow it to the El Camino
- (653) Turn right on El Camino and go 2 blocks
- (654) Turn right onto Grant Street and drive three blocks to Park Blvd
- (655) Turn left and you will see our 2 story building on your right (2555 Park)

From Highway 280:

- ❖ Exit at Page Mill Rd. and follow it to El Camino (approximately 2.5 miles)
- ❖ Get into the far right-hand lane when you cross El Camino (do not go under the underpass)
- ❖ At the stop sign, turn left. (This is Park Blvd.)
- ❖ Drive two blocks on Park Blvd. (Ours is the two-story building on the right)

From El Camino:

- ❖ If you are traveling north from Mountain View or Sunnyvale, look for Page Mill Rd.
- ❖ Go past Page Mill/Oregon Expressway two blocks. There will be the Olive Garden Restaruant on your right at the corner. That is Grant St.. Make a right on Grant
- ❖ Follow Grant all the way - it dead ends at Park Blvd
- ❖ Make a left on Park and you will see our two story building
- ❖ If you are traveling south from Atherton or Menlo Park, turn left on California Avenue.
DO NOT TURN LEFT ONTO PARK OFF EL CAMINO!
- ❖ Go three blocks to Park Blvd
- ❖ Turn right on Park Blvd. Drive 1 1/2 blocks to our building on your left