

Child's Name:

Age:

Gender:

Grade Level:

Current School Plan:

Siblings (names and ages):

## Quick Characteristic Inventory

Please circle if it has EVER been a trait (or a SUSPECTED trait) for this child.

Circle it TWICE if it is an IMPORTANT topic you want to be sure to discuss.

Strength in Math    Strength in Reading    Strength in Writing    Strength in Science

Strength in Foreign Languages    Strength in Music    Strength in Arts    Strength in Technology

Identified Gifted    Profoundly Gifted    Twice Exceptional    Asynchronous Development

Public School    Private School    Homeschooling    Unschool    Enjoys School    Dislikes School

Full-time HiCap/Gifted Program    Part-time HiCap/Gifted Program    Finds School Easy

School Meeting Needs    School Not Meeting Needs    Has IEP    Has 504 Plan

Afterschool Music    Afterschool Athletics    Afterschool Club(s)    Afterschool Academics

Empathetic    Concern for Social Justice    Good Sense of Humor    Good Problem Solver

Learns Quickly    Creative    Able to Hyperfocus on Topic of Interest    Has Strong Interest Area(s)

ADHD    Autism    Dyslexia    Dysgraphia    Dyscalculia    Dyspraxia    Anxiety    Depression

Vision Processing Disorders    Auditory Processing Disorders    Retained Primitive Reflexes

ODD    PDA    PDD-NOS    Bipolar    Psychiatric Concerns    Lyme Disease

PANDAS/PANS    Bartonella    EBV/Mononucleosis    Ear Infections    Sinus Infections

Other Repeat/Chronic Infections    Mold Exposure    Food Allergies    Food Sensitivities

Environmental Allergies    Other Medical Concerns    Lisp    Stutter    Other Speech Concerns

Interoception    Proprioception    Vestibular/Balance    Sleep Concerns    Tactile Sensitivity

Sensitive to Clothing/Tags/Seams    Picky Eater    OCD/Intrusive Thoughts    Tics

Explosive Behavior   Mood Swings   Emotional Dysregulation   Afterschool Meltdowns  
Quirky   Sensitive   Opinionated   Perfectionistic   Impulsive   Irritable   Easily Frustrated  
Unmotivated   Overexcitabilities   Trouble with Transitions   Doesn't Hear their Name Called  
Sensitive to Noise   Hands over Ears   Wears Hats/Hoods   Likes Headphones  
Mishears   Poor Auditory Memory   Forgetful   Doesn't Finish Chores/Tasks   Easily Distracted  
Trouble Finishing Homework   Trouble Handing in Homework   Trouble Getting Started  
Trouble Staying on Task   Trouble with Big Projects   Trouble with Time Management  
Gets Overwhelmed   Trouble Sitting Still   Poor Fine Motor   Clumsy/Uncoordinated  
Slow Handwriting   Messy Handwriting   Motion Sickness   Unusual Pencil Grip  
Makes Goofy Mistakes   Inconsistent Scores on Tests   Reads for Fun   Prefers Graphic Novels  
Likes Sports   Dislikes Sports   Dislikes 3D Movies/Rides   Reverses Letters/Numbers  
Vision Complaints   Has a Best Friend   Makes Friends Easily   Social Challenges  
Started Reading Early   Trouble Rhyming   Trouble Spelling   Trouble Sounding Out  
Reads via Sight Words   Skips/Substitutes Words When Reading   Trouble Memorizing Math Facts  
Hard to Wake Up   Does Better in Morning   Does Better in Afternoon/Evening   High Energy  
Low Energy   Good at Masking/Compensating   Responds Well to Authority Figures

### **Which Types of Professionals Have You Ever Consulted With About This Child**

IQ Testing   Neuropsychologist Testing   Educational Testing   Therapist/Counselor  
Psychiatrist   ADHD Medication Specialist   Occupational Therapist   Feeding Therapist  
Speech/Language Therapist   Vision Therapist   Auditory Therapist   Reflex Specialist  
ABA Therapist   Educational Therapist   Reading/Dyslexia Specialist   Academic Tutor  
Private Teacher   Pediatrician/Family Doctor   Naturopath/DO/Functional Medicine  
Chiropractor   Other/Specialist Doctor   Other/Specialist Therapist