

THE HOUSTON HEIGHTS LEARNING ACADEMY
902 WEST 8TH STREET • HOUSTON, TEXAS 77007 • (713) 869-9453

Health Questionnaire

Student: _____ Date of Birth: _____ Grade: _____

Parent: _____ Address: _____

This health questionnaire is designed to help identify possible health conditions that may affect your child's learning ability. Please fill out the following questions and return this questionnaire to the administrative office. **(This form is part of the enrollment process).**

- 1) Have any family members had learning problems? If yes, please explain:

- 2) Have there been any important changes within the family during the last three years? (For example job, separations, divorce.)

- 3) Do you feel that your child is experiencing problems in school? If so, please explain.

- 4) Were there any problems before, during or immediately after birth?

- 5) Briefly describe any serious illnesses, accidents, or hospitalizations. Please give your child's age at the time of the illness, accident, or hospitalizations.

- 6) Is your child taking any medications? If yes, please explain:

- 7) Has your child ever taken any medication for a long period of time? If yes, please explain:

- 8) Does your child use any special equipment or technology to improve functioning?

- 9) Compared to other children in the family, this child's development has been, slower, about the same or faster.

10) Is your child under the care of a physician for a medical problem? If yes, please explain:

11) Does your child appear to have any physical health problems?

12) Is your child allergic to any medications? If yes please explain:

13) Do you know of any side effects the medication might have?

14) Are there any family health concerns you would like us to be aware of? If yes, please explain:

15) Is your child receiving service from any other agency? If so, where?

Parent Signature

Date