

## COACHING HISTORY FORM

**Date Complete:** \_\_\_\_\_

**Client Information:**

Client's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

School Phone \_\_\_\_\_ 504, IEP, or other services: \_\_\_\_\_

When were these services first administered? \_\_\_\_\_

Hand client uses for writing / drawing: Right \_\_\_\_\_ Left \_\_\_\_\_ Switches \_\_\_\_\_

Primary language \_\_\_\_\_ Secondary language \_\_\_\_\_

Client lives with: both parents \_\_\_\_ mother \_\_\_\_ father \_\_\_\_ other: \_\_\_\_\_

**Family Information:**

Mother's Name \_\_\_\_\_

Address (Street, City, ST, Zip) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (Street, City, ST, Zip) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Names and ages of others in household \_\_\_\_\_

**Medical Information:**

Primary Care Provider \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Current Medical diagnosis (1) \_\_\_\_\_

*if any* (2) \_\_\_\_\_

Current Medication(s) (names and dosages) \_\_\_\_\_

\_\_\_\_\_

Previous/current therapies or testing \_\_\_\_\_

\_\_\_\_\_

Findings or diagnoses from previous testing which you feel may be relevant to your current concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the current problems, first major concerns and then minor ones: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When were these problems first noted, and by whom? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been treated for these problems before? \_\_\_\_\_

If yes, where and when did this take place? \_\_\_\_\_

\_\_\_\_\_

Are these problems noted more at school? Home? Both? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This checklist will help to recognize possible executive function difficulties in your child.

In the **past six months**, my child...

- Has difficulty paying attention
- Is easily distracted
- Requires many reminders to stay on task
- Finds it difficult to set goals
- Seems to struggle with making decisions
- Has trouble identifying where to start on assignments
- Focuses on either the big picture or the details at the expense of the other
- Has difficulty getting started on tasks, often procrastinates
- Struggles to comprehend how much time a project will take to complete
- Takes longer than peers to complete homework and other tasks
- Needs numerous prompts from adults to stay on task
- Loses track of time or assignment due dates
- Forgets to turn in completed work
- Struggles with keeping track of needed materials; often leaves materials at home or school
- Finds checking his/her work very difficult (and may not do it at all)
- Has trouble following multiple-step directions
- Forgets what he/she is saying or doing in the middle of a task
- Forgets the details of a text while reading or soon after finishing
- Gets frustrated with changes in schedule or usual routines
- Has difficulty shifting from one activity to another (especially when the rules/task demands change)
- Struggles with shifting between information that is literal vs. figurative, past vs. present, etc.
- Gets stuck on parts of tasks and can't move forward
- Seems to have difficulty controlling impulses-will say or do things without thinking first
- Is easily frustrated
- Often talks out of turn and/or interrupts others' conversations

Describe any strategies used to address these problems, at home:

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Which strategies have worked at home?

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Which strategies have not worked at home?

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Describe any strategies used to address these problems at school:

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Which strategies have worked at school?

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Which strategies have not worked at school?

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What are your goals in pursuing intervention for your child?

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Is there any other relevant information you would like us to know or questions you would like answered?

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