



**Miami-Dade County Public Schools
MTSS Initial Student Screening**

Student Name:		ID#:	D.O.B:	Date:
School:	Grade:	Name of Qualified Interviewer:		Title:
Respondent Name:		Relationship of Respondent:	Signature of Qualified Interviewer:	

I. Family History

Names and ages of parent(s)/guardian(s) and siblings with whom student resides, and others living in the home:

Non-residential parent/siblings, if any; describe custody and visitation agreements:

Parents/guardians educational background and employment; length of time together and/or separated/divorced:

Family assistance, medical insurance:

Student's place of birth: _____ **If immigrant, age arrived in U.S.:** _____
Family's cultural background, primary & secondary home languages, age student began speaking English:

II. Early History/Development

Describe pregnancy, including any risk factors or difficulties in pregnancy, labor and deliver:

Gestational age: _____ weeks **Birth Weight:** _____ lbs. _____ oz. **Describe any postnatal difficulties:**

***Developmental milestones:** Crawled: _____ Walked: _____ First Words: _____ Phrases: _____
 Toilet Trained: _____ Bedwetting, Soiling: Yes No ***Explain any difficulties or delays:**

III. Medical/Mental Health History

History of illnesses/chronic health problems/syndromes/hospitalizations/surgeries/injuries/accidents:

Prior/current medications:

***Difficulties/Impairments:** Vision Wears Glasses Hearing Speech/Language Sleep Eating ***Describe:**

***Problem behaviors:** None Impulsive Self-injurious Repetitive Unusual Violent/aggressive
 Cruelty to Animals Threat to self or others Illegal substance use ***If yes to any, explain:**

Evaluation/Treatment History:

Family history of medical/mental health problems:

IV. Interpersonal Relationships

Describe student's overall behavior at home:

Describe student's relationship with parents, siblings, and peers:

Discipline measures/positive reinforcement used in the home:

Student's interests/hobbies/extra-curricular activities:

V. Traumatic Events/Psychological Stressors

***Has student been exposed to/affected by:** Separation/Divorce Serious family illness/death Victim of crime
 Victim of abuse Domestic/neighborhood violence Bullying Homelessness Family incarceration
 Catastrophic events None of the preceding Other ***If yes to any, explain:**

VI. Educational History

Describe student's current school experience, successful/unsuccessful interventions, strengths and challenges:

Describe previous school experience, schools and grades previously attended. When did difficulties begin?

Has student been retained? Yes No If yes, in what grade(s)? Reason for retention?

Describe student's attendance/truancy history:

Family history of learning problems, if any:

Parental perspective on the problem/solutions, primary concerns, goals: