

**Maria T. Aranda, Ph.D.**  
**Licensed Psychologist**  
**License #PY5983**

**Gifted Brief Family History Form**

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**Name of Child:** \_\_\_\_\_

**Child's date of birth:** \_\_\_\_\_

**Referred by?** \_\_\_\_\_

**Parents' name:** \_\_\_\_\_

**Address/Phone:** \_\_\_\_\_

**Who lives with the child at home?** \_\_\_\_\_

**Current grade and school:** \_\_\_\_\_

**Please list any other schools attended in the past, including preschool:**  
\_\_\_\_\_

**Please describe current and past academic performance (i.e., grades, standardized test scores):**  
\_\_\_\_\_

**Relevant medical history:** \_\_\_\_\_

**Medications?**                      **Yes**                      **No**

**Vision concerns?**                      **Yes**                      **No**

**Hearing concerns?**                      **Yes**                      **No**

**Was your child recommended for testing from his/her teacher?**                      **Yes**                      **No**

**Has your child been tested before?**                      **Yes**                      **No**

**Please note any additional concerns or comments:** \_\_\_\_\_