

Las Cruces Public Schools  
Department of Special Education  
505 South Main, Suite 249  
Las Cruces, New Mexico 88001  
**CASE HISTORY UPDATE**

**Student Name** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Person Completing Form** \_\_\_\_\_ **Date Completed** \_\_\_\_\_

**Medical History:** Since enrolling school, have there been any serious ..  
Explain in more detail

- Illnesses? \_\_\_\_\_
- Operations? \_\_\_\_\_
- Convulsions? \_\_\_\_\_
- Accidents? \_\_\_\_\_
- Prolonged Fevers? \_\_\_\_\_
- Allergic Reactions? \_\_\_\_\_

**Medications:** Does the student take any medications on an ongoing basis? If so, please list them and explain possible side effects.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavior at Home/Social History:** How does your child get along with adults? \_\_\_\_\_

How does your child get along with peers? \_\_\_\_\_

Have you noticed sudden changes in behavior? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Educational History:** Grades repeated? \_\_\_\_\_ Grades skipped? \_\_\_\_\_

How many schools has your student attended? \_\_\_\_\_

What are your student's strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your areas of concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there other information you would like to share with us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_