

# MIRACLES HOME AND RESEARCH TRUST



## BEHAVIOUR & COUNSELING FORM

Name of Student : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Sex \_\_\_\_\_

IQ Level/Class: : \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Childhood History : \_\_\_\_\_

\_\_\_\_\_

Immunization History : \_\_\_\_\_

\_\_\_\_\_

Developmental Milestone: \_\_\_\_\_

\_\_\_\_\_

General Behavior : \_\_\_\_\_

\_\_\_\_\_

What keeps your child, calm and happy  
(please specify like gifts, chocolates, etc.) : \_\_\_\_\_

\_\_\_\_\_

Are there any particular times of the day when the  
problems / behavior is more likely to occur : \_\_\_\_\_

\_\_\_\_\_

Does the problem occurs in the presence of  
particular person, if yes please provide details : \_\_\_\_\_

\_\_\_\_\_



Was the child asked to do something or was the child refused something prior to the problem, if yes please specify : \_\_\_\_\_

\_\_\_\_\_

How many times a day or how long does the problem occur with your child : \_\_\_\_\_

\_\_\_\_\_

What do you or others generally do, immediately following the problem : \_\_\_\_\_

\_\_\_\_\_

Which person in your house or outside the house are most affected by the problem : \_\_\_\_\_

How do you comfort your child at the time of the problem : \_\_\_\_\_

\_\_\_\_\_

Please provide us with the medical history / disorders, etc. of the child : \_\_\_\_\_

\_\_\_\_\_

Medication History (allopathic / homeopathic medicine in the past / current prescribed by a physician & name of physician/doctor) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies / Sports / Games / Likes and Dislikes, etc. : \_\_\_\_\_

\_\_\_\_\_

Past time Behavior / Leisure Activities, etc. : \_\_\_\_\_

\_\_\_\_\_



Problems in Speech / Physical Movements, etc. : \_\_\_\_\_

\_\_\_\_\_

Nature, Name and Full Address  
of the School (Special / Integrated /  
Normal, Dates, Class till, etc.) : \_\_\_\_\_

\_\_\_\_\_

School History & Date of Joining (if any) : \_\_\_\_\_

\_\_\_\_\_

Attendance in School (details) : \_\_\_\_\_

\_\_\_\_\_

Interaction with People, Friends, Neighbors,  
Relatives at Social Gatherings, etc. (if any) : \_\_\_\_\_

\_\_\_\_\_

Interaction with Strangers, etc. (if any) : \_\_\_\_\_

\_\_\_\_\_

Major Emotional & Behavioral Problem : \_\_\_\_\_

\_\_\_\_\_

Type of Family (joint/nuclear & number of persons) : \_\_\_\_\_

What kind of Help/Support/Guidance  
are you looking for from us (in brief,  
like want them to be independent, basic  
education via national open school, etc.) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Anything you would like to inform us about, (about his toilet training, about his fooding habits, other remarks etc) : \_\_\_\_\_

Have you heard about IQ Development / Behaviour Correctionwith NUMEROLOGY ? : \_\_\_\_\_

How did you get to know us : \_\_\_\_\_

Fathers Name : \_\_\_\_\_

Occupation / Job details : \_\_\_\_\_

Mothers Name : \_\_\_\_\_ Occupation : \_\_\_\_\_

Full Residential/Postal Address : \_\_\_\_\_

City : \_\_\_\_\_ Pin : \_\_\_\_\_ Country : \_\_\_\_\_

Telephone (incl.country & city code) : \_\_\_\_\_

Mobile (incl.country & city code) : \_\_\_\_\_

E-Mail : \_\_\_\_\_

## MIRACLES HOME AND RESEARCH TRUST

School & Boarding : "Miracles Home"  
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