DEVELOPMENTAL HISTORY QUESTIONNAIRE

Name of Child: _____ Date of Birth:_____

This form completed by:_____ Date:_____

Please indicate the best way(s) of contacting you, as well as the best time(s).

_____

FAMILY HISTORY

Mother's Name:_____ Date of Birth:_____

Occupation:_____ Highest Level of Education:_____

Father's Name:_____ Date of Birth:_____

Occupation:_____ Highest Level of Education:_____

Parent's current marital status:

Single____ Married____ Divorced____ Separated____ Widowed____ Remarried____

How long?_____

Child lives with: Both Parents _____ Mother_____ Father_____ Other_____

Please list brothers and sisters:

Name	Age	Living at home?	Grade/Occupation
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

List others living in the home:_____

What is the primary language spoken in the home?_____

Has anyone else in the family experienced similar difficulties as your child (e.g. Speech, Learning, Writing, etc.)?_____Please explain:_____

_____

MEDICAL HISTORY

Pregnancy:

Mother's health during pregnancy:_____ Length of Pregnancy:_____

Any illnesses or complications during pregnancy? Explain:_____

_____

List any prescribed medication:_____

Smoking/drug/alcohol use by mother or father?_____

Delivery:

_____Full Term ____ Premature

_____Natural _____Caesarean _____Breech _____Fetal Distress _____Forceps

Labor: Hours____ Medications used, if any:_____

Birth weight: ____lbs, ____ozs. Any complications?_____

Child's condition at birth:_____

_____Jaundiced ____Oxygen needed ____Transfusions ____Incubator

Length of hospital stay: Infant_____ Mother_____

Early Development:

Who was the primary caregiver?_____

Did your child have any feeding problems such as allergies to milk or formula, or messiness?_____

_____

Baby's behavior (e.g. crying, eating, sleeping):_____

_____

Milestones generally achieved: _____Early _____Typical _____Late

Age when: Sat without support:_____ Crawled_____ Stood without support____ Walked_____

Age when: First words spoken_____ Two-word combinations_____ Full sentences/phrases_____

Any concerns with speech development? Explain._____

_____

Age toilet training begun_____ Completed_____ Accidents_____

When did your child begin trying to dress and undress self?_____

At what age did your child begin to sleep alone in own bed?_____

Any concerns about sleep?_____

Medical Information:

Please indicate the approximate number of times your child has had the following illnesses:

__Asthma	__Epilepsy	__Chicken Pox	__Croup
__Measles/German Measles	__Ear Infections	__Scarlet Fever	__Mumps
__Rheumatic Fever	__Wax Build-up	__Fever over 102	__Bronchitis
__Seizures/Convulsions	__Lead Poisoning	__Pneumonia	__Tonsillitis
__Loss of Consciousness	__Whooping Cough		

Has your child ever had:

Tubes in his or her ears? When_____ Which ear(s)?_____

Does your child tend to breath through his or her mouth?_____

Any bumps to the head or loss of consciousness?_____

Any other serious illnesses or injuries?:_____

Any surgeries or hospitalizations? When? Why?_____

_____

Does your child complain of these symptoms more frequently than others his or her age. (Please check all that apply to your child)

__Indigestion	__Stomachaches	__Nightmares	__Sleepwalking
__Constipation	__Aches and pains	__Bedwetting	__Nail Biting
__Seems overactive	__Colds	__Thumb-sucking	__Vomiting
__Gets overly tired	__Nervous habits/tics	__Sinus trouble	__Headaches
__Difficulty sleeping	__Excessive perspiration	__Easily upset	__Diarrhea
__Difficulty chewing/ swallowing/eating		__Soiling (bowel accidents)	__Dizzy Spells

Is your child taking any medication?: __Yes __No. Please list and indicate for what condition:

_____

My child last had a screening for:

Vision: When_____ Results:_____

If your child wear glasses, when first prescribed?_____

Hearing: When_____ Results:_____

EDUCATIONAL INFORMATION

Day Care:_____ Age_____

Preschool:_____ Age_____

Kindergarten:_____ Age_____

Elementary School (Please list schools and grades attended at each)

_____

_____

Has your child ever had any problems with: ___Adjustment ___Behavior ___Learning

Please explain_____

_____

Has your child participated in early intervention? Explain._____

_____

Has your child ever repeated a grade? When?_____Why?_____

_____

How is your child performing in:

Reading?_____

Math?_____

Describe your child's academic strengths and weaknesses:_____

_____

_____

Describe how your child approaches homework?_____

_____

How much time does your child spend completing homework?_____

Which subjects take the longest or are most difficult?_____

Does he or she require assistance? By whom:_____

Describe your child's attitude and motivation toward school and learning?_____

_____

_____

Has your child ever received a speech, educational or psychological evaluation? Therapy or remediation in any of these areas?

What services?_____

When?_____

For what concerns?_____

_____

_____

Are there other agencies that have information about your child that may be helpful during this evaluation process?_____

_____

Is there any other information that would be helpful in understanding your child's needs?_____

_____

_____

SOCIAL RELATIONSHIPS

Does your child make friends easily?_____

Does your child have many friends in: ____Neighborhood ____School ____Organized activities

Does your child prefer to play with children who are: ___Older ___Younger ___ Same age?

Does your child prefer to play with: ___One child ___A few children ___A group

Does your child tend to be: ___Dominant ___Easily led ___Withdrawn ___Fights frequently

___Other Explain:_____

Does your child have difficulty keeping friends?_____

How does your child get along with:

Parents:_____

Brothers and/or Sisters:_____

Teachers:_____

Other adults:_____

How does your child respond to discipline?_____

Are there any home, family, or social concerns of which we should be aware?_____

_____

What are your child's areas of special interest or talent?_____

_____

What do you like best about your child?_____

_____

What are your child's strengths?_____

_____

Thank you so much for taking the time to complete this form.