

Other persons living in the home (grandparents, in-laws, etc.)

Name **Age** **Relationship to child** **Major language**

DEVELOPMENTAL HISTORY

Pregnancy and delivery information

Was there any complication during pregnancy? Yes No

If yes, explain

Was there any complication during delivery? Yes No

If yes, explain

Length of pregnancy in weeks _____

What medications did the mother take during pregnancy?

Is there a history of difficult pregnancies? Yes No

Any difficulties in delivery? Yes No

Child's condition at birth: Weight _____ Length _____

General health (APGAR) _____

Are normal immunizations completed or up-to-date? Yes No

If the child has had the following diseases or conditions, please check. List approximate dates, if known

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Pertusis (whooping cough) | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Swollen glands | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Measles (rubella) | <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Otitis | <input type="checkbox"/> Head injuries |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Colds (frequent) | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Allergies (describe) |

Age at which child sat up alone: _____ months

Age at which child walked: _____ months

Was there any difficulty in any of the above? Yes No

If yes, please explain

Age at which child toilet trained: _____ months. Was there any difficulty? Yes No

If yes, please explain

Have you noticed any sudden personality or behavior changes in your child?

Yes No If yes, please explain (use reverse side if necessary)

Is there a history of fractures or surgery? Yes No

Is or has the child been on medication or drugs? Yes No

Type

Date

Present medications and dosages

EDUCATIONAL STATUS

1. Has the child ever attended any type of school? Yes No

2. Last school

Attended: _____

Name: _____ Location: _____ Date: _____

3. For what reason is the child not attending school (Mark any that apply or go to #4):

- Child is institutionalized: if so, where?
- Child is blind or otherwise visually impaired
- Child is deaf or otherwise hearing impaired
- Child is mentally retarded
- Child has a physical disability
- Child has serious health problem
- Child is disadvantaged or from migrant family
- Child has dropped out

If the child is attending school, answer the question bellow:

4. Child's immediate difficulties (what do you believe to be his problem?)

5. Major contributing factors (what do you believe to be the major factors contributing to this problem?)

6. Current grades (are these typical of the child's performance?)

7. Special abilities:

8. Special disabilities (physical, social, emotional)

SCHOOL BACKGROUND

Parent-school relationship (please comment)

What is your child's favorite subject in school? _____

In what school subject does your child do best? _____

Attendance (check one)

- Regular
- Frequently absent; or erratic
- Occasionally absent for a day or two
- Occasionally absent for longer periods

Interest level in class

- Far above average
- Above average
- Average
- Below average
- Far below average

Attitude toward school

- Very positive
- Positive
- Above average
- Average
- Below average
- Far below average

Relationship with peers

- Very good
- Good
- Average
- Poor
- Very poor

Activity level

- Hyperactive
- Above average
- Average
- Below average
- Very withdrawn

Amount of supervision required for control

- Far more than average
- More than average
- Average
- Less than average
- Much less than average

Child's leadership ability

- Far above average
- Above average
- Average
- Below average
- Far below average

Child's general adjustment in school

- Far above average
- Above average
- Average
- Below average
- Far below average

