SPED
January 2011

Davis School District Special Education
Child Health and Developmental History Form

The information obtained on this form is confidential and will be used for educational purposes only.

Current Date:

General Information			
Student ID :	Student Name (Last, First):		
Date of Birth:		Grade:	
Street Address:		City:	
State:	Zip Code:	Phone:	
Student lives with (guardian/parent names):		Relationships:	
How many brothers and sisters does this student have?	Full:	Half:	Step:
Ages of brothers and sisters living at home:	Brothers' Ages:	Sisters' Ages:	
Student's First Language Spoken:		Student's place of birth:	
Guardians'/Parents' Native Language:		Student's previous places of residence:	

Family Medical and Educational History		
Are there any diseases that run in the family?	☐ Alcoholism	☐ Depression
☐ Cancer: (type)	☐ Heart Disease	☐ Diabetes
☐ Other: (describe)		
Are there any family members that had difficulty in school? ☐ No ☐ Yes		
If yes, please describe:		

Student's Birth History				
Age of mother at time of student's birth:		Age of father at time of student's birth:		
How many pregnancies for the mother?		Which pregnancy was this student?		
Pregnancy Details: ☐ Full Term	☐ Premature (How early_____?)	☐ Bleeding	☐ Excessive Vomiting	
☐ Illness of mother (please describe):				
☐ Other than vitamins, medications taken by the mother during pregnancy (please list):				

Delivery	Hours of labor:	☐ Cesarean	☐ Forceps	☐ Breech
	Medications given during labor:			
Condition at Birth	Weight: Length:	Apgar scores if known:		
	☐ Incubator	☐ Trouble Breathing	☐ Needed Oxygen	
	Length of stay in the hospital:			
	Other information about condition at birth:			

Developmental History		
Please indicate at what age your student did the following:		
Sitting up:	Crawling:	Walking:
Talking (more than 2 words):	Slept through the night:	Bladder Control:
Bowel Control:	Independent toileting:	Dry at night:

Habits	☐ Thumb sucker, until what age?			
	☐ Favorite blanket/stuffed animal, until what age?			
	☐ Temper tantrums	☐ Aggressive toward siblings/other children	☐ Passive (hard to motivate)	☐ Overactive
	☐ Picky eater	☐ Eats well	☐ Head banging	☐ Nail Biting
	Other:			
Current Sleep Habits	Average hours per night:			☐ Light sleeper
	☐ Sound sleeper	☐ Restless		☐ Nightmares
	☐ Walks in his/her sleep	☐ Talks in his/her sleep		☐ Sleeps with parents
	☐ Grinds teeth	☐ Trouble getting to sleep		☐ Difficult to get to bed
	Sleeps in the room with:			
Social Behavior and Relationships	**Personality:**			
	☐ Friendly	☐ Shy		☐ Imaginative
	☐ Passive	☐ Leader		☐ Follower
	☐ Easily influenced by others	☐ Mood swings		☐ Under reacts to events
	☐ Can entertain self	☐ Needs to be given activities		☐ Affectionate
	☐ Doesn't like hugs/physical contact.		☐ Other:	
	Social Relationships:			
	☐ Prefers younger friends	☐ Plays with older children		☐ Plays best with one student
	☐ Interacts mostly with adults	☐ Able to work out conflicts		☐ Needs help working out conflicts
	☐ Aggressive with friends	☐ Doesn't have friends		☐ Plays well with a group
	☐ Other:			
Family History and Dynamics	**Family Relationships:**			
	☐ Gets along well with brothers	☐ Doesn't get along well with brothers		☐ Good relationship with dad
	☐ Gets along well with sisters	☐ Doesn't get along well with sisters		☐ Good relationship with mom
	Presently having a difficult time getting along with: ☐ Mom ☐ Dad ☐ Other:			
	Confides in: ☐ Mom ☐ Dad ☐ Other:			
	Family Activities:			
	☐ Able to spend time together on weekends		☐ Watches TV together	
	☐ Eats meals together: ☐ breakfast ☐ lunch		☐ Student would rather spend time with friends	
	☐ Currently having a hard time finding time to spend together		☐ Other	
	Discipline:			
	☐ Easy to discipline		☐ Hard to discipline	
	☐ Mother disciplines		☐ Father disciplines	
	☐ Presently having a difficult time finding an effective form of discipline.			
	Methods of discipline:			
	☐ Sent to room	☐ Privileges taken away		☐ Spanking
	☐ No TV	☐ Talked to		☐ Nothing seems to work
	☐ Other:			
	Chores:			
	What are your student's chores:			
	☐ Doesn't have any chores	☐ Doesn't follow through on chores		☐ Very responsible with chores
	Types of Rewards your Student Likes:			
	☐ Food	☐ Time with parents		☐ Going someplace special

	☐ Play time	☐ TV	☐ Video Games
	☐ Stickers	☐ Other:	
	Favorite Activities		
	☐ Playing outside	☐ Playing board games	☐ Having friends over
	☐ TV	☐ Video games	☐ Reading
	☐ Eating	☐ Doing something with parent(s)	☐ Playing by him/her self
	☐ Sports, which ones?		
	☐ Plays on sports team(s), which ones?		
	Traumatic Experiences		
	☐ Death of a family member, who?		
	☐ Divorce of parents, when?		
	☐ Witnessed violence – please describe:		
	☐ Emotional trauma – please describe:		
Health History and Relevant Data	**Medically Diagnosed Illnesses:**		
	☐ Chicken pox	☐ Convulsions	☐ High fevers
	☐ Diabetes	☐ Anemia	☐ Frequent colds
	☐ Frequent headaches	☐ Frequent infections	☐ Seizures
	☐ Ear infections, what ages?		☐ Tubes in ears
	☐ Allergies to:		
	☐ Other:		
	Accidents:		
	☐ Head injury, please describe:		
	☐ Other accidents, please describe:		
	☐ Surgeries/Operations, please describe:		
	☐ Prescription Medication	☐ Past:	☐ Current:
	Does your student experience stomach aches before school? ☐ Yes ☐ No		
	Does your student experience headaches? ☐ Yes ☐ No		
	Does your student experience facial twitches? ☐ Yes ☐ No		
	Age at last physical exam:	Age at last dental exam:	
	Does your student wear glasses? ☐ Yes ☐ No		
	If yes, wears glasses for ☐ nearsightedness (can't see objects far away) ☐ farsightedness (can't see objects up close)		
Parent Input	What are your student's strengths?		
	What are your greatest concerns about your student?		
Form completed by:		**Relationship to student:**	