

To the Parent:

Please read through this form and respond to all items as carefully as you can. You are an important source of information about your child. We very much appreciate the answers and comments only you can provide. This form has four parts that ask for information about your child.

Child's Given Name _____

Nickname child prefers: _____

Birthdate _____ Male Female

This form was filled out by _____ (please specify relationship) _____

Name of person filling out form	Date
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Part 1. Personal Information

This part is for you to give information on your child's personal and medical history. Include anything that you think may have been important to your child's development.

Who does the child primarily live with (circle all that apply)

Mother Father Stepmother Stepfather Grandmother Grandfather Other relative (specify)

Language (Dominant) spoken at home _____ other _____

School History

Has your child attended a preschool program? Yes No How many years _____

Has your child attended a daycare? Yes No How many years _____

If yes, include the name of preschool or daycare: _____

Preschool or Daycare Contact person's name _____ Phone _____

May we have permission to contact the previous teacher or daycare provider? (circle one) Yes No

Signature _____

Home Circumstances

How often have you moved in the last 3 years? _____

Have any of the following occurred?

Parents separated or divorced: Yes No When? _____

A death or other major loss Yes No When? _____

Other major events that may have impacted your child

When not at school, what types of activities does your child choose to do that provide exercise?

What are her/his special interests? _____

What characteristics best describe your child's personality? (Please circle all that apply)

- confident loud restless anxious aggressive uncertain quiet
calm shy sensitive withdrawn happy independent

List other people living in your home (if you need more room, please list on a separate page.)

Name	Relationship	Birth Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Part 2. Health Information/ Family History

Was pregnancy full-term? Yes No / If no, how many weeks? _____

Were there any complications during pregnancy, labor, or delivery? Yes No

If yes, please explain _____

Has your child ever been hospitalized? Yes No

Specify issue _____ Dates _____

Child's major current or past physical health issues (if any):

Specify issue(s)/dates _____

What medications does your child take? _____

Does the child have any food allergies or intolerances? _____

Has the child ever had a special assessment for: (Please circle if applicable)

Birth-to-Three? Educational exam? Psychological exam? Neurological exam?

If yes please explain _____

Has the child ever experienced a major physical injury or trauma? Yes No

Specify problem _____ Dates _____

Has the child ever experienced a major psychological trauma? Yes No

Specify problem _____ Dates _____

Has your child had a vision exam in the last year? Yes No / If yes, results _____

Has your child had a hearing exam in the last year? Yes No / If yes, results _____

Family History: Did this child's father ever struggle with(check all that apply)

Speech and Language Reading Writing Spelling Math Attention Behavior N/A

Did this child's mother ever struggle with(check all that apply)

Speech and Language Reading Writing Spelling Math Attention Behavior N/A

Did this child's siblings ever struggle with(check all that apply)

Speech and Language Reading Writing Spelling Math Attention Behavior N/A

Part 3. Development

Did your child acquire the following developmental milestones?:

Milestone	Early	Within Normal Limits	Late
Crawling			
Walking			
Speaking first word			
Speaking in phrases			
Understandable outside family members by age 3			

Does your child enjoy nursery rhymes? Yes No

Can your child identify the letters in their own first name? Yes No

Does your child use word substitutions or mispronounce words i.e. says “Volcano” for “Tornado” or “aminal” for “animal?” Yes No / If yes, please explain

In the past year, did your child have problems with (check all that apply):

Clarity of Speech Understanding Spoken Language Self Expression

Now, does your child have problems with (check all that apply):

Clarity of Speech Understanding Spoken Language Self Expression

Has your child ever had difficulty with the following tasks? A young child's behavior is not the same from day to day. Think of your child's average ability at home, not his or her very best or worst day. Mark each item by putting an X in one of the boxes.

Task	Difficulty in the Past	Difficulty is ongoing	No Difficulties
Jigsaw puzzles			
Legos			
Coloring/Drawing			
Dressing			
Toileting			
Using cutlery			
Tying shoes			
Catching a ball			
Throwing a ball			
Climbing stairs			
Clumsiness			
Hyperactivity			
Tantrums			
Discipline			
Sleeping			
Eating			
Following verbal instructions			
Remembering nursery rhymes			
Concentration			

Part 4. Social Development

Directions: Place an X in the box that tells how frequently your child shows each feeling or behavior. Again, think of your child on an average day, at home or with friends. Mark each item by putting an X in one of the boxes.

Feeling or Behavior	Always or almost always	Sometimes or Partially	Never or almost never
Sticks to one activity (listens to a story, does coloring) for at least 15 minutes at a time.			
Accepts limits without getting upset.			
Plays with toys without breaking them.			
Plays well with other children (takes turns, shares).			
Stops an activity when parents say to do so.			
Keeps working at something until it is finished.			
Does what parents ask him or her to do.			
Waits his or her turn in games.			
Uses words rather than physical actions to settle arguments with other children.			
Likes to be with other people.			
Is easily frustrated.			
Describes others' feelings (such as happy, sad, mad).			
Smiles, giggles, or laughs in response to something funny.			
Goes to bed easily and without a struggle.			
Asks permission to use something that belongs to someone else.			

