

Your Child's Development

Please fill out the following questionnaire so we will be able to know your child better. Thank you!

General Information

Date: _____ Child's Name: _____
DOB _____ Child's Present Age _____

Other children in the family: (List in order of birth)

Name:	Sex:	Birth date:	What grade if in school:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional members of household (give number): _____

Others: _____

Relatives: _____

(Indicate relationships)

Language and Development:

My child receives/received special services (e.g. Speech Therapy) Yes _____ No _____

If yes, please explain _____

Describe any special needs, handicaps, or health problems _____

Does your child have any difficulty saying what he/she wants or do you have any trouble understanding his/her speech? _____

Is your child using words? _____ Does your child speak in sentences? _____

When did your child walk? _____ When did your child talk? _____

What type of program has your child attended in the past? _____

Name of program(s) _____ Length of involvement _____

Bathroom Habits:

Is your child potty trained? _____

Activities/Social Experiences:

Does your child have trouble separating from you when being dropped off? _____

If yes, what do you do to assist your child _____

Has your child participated in group experiences? _____ Where? _____

Does your child enjoy being around other children? _____

My child: (Check all that apply) _____ Likes to play with other children _____ Prefers to play alone

_____ Prefers indoor activities _____ Prefers outdoor activities _____ Tends to get a bit hyper

Does your child worry a lot or is he/she afraid of anything? _____

Does your child have any pets? _____

What are your child's favorite toys/activities/television shows/books? _____

Discipline:

In most cases do you consider your child to be easily managed, fairly easy to manage, or difficult to manage? _____

What concerns do you presently have about your child and how do you deal with these concerns?

Does your child have a tendency to throw temper tantrums? _____

If yes, how do you handle this? _____

Parent's Impressions and Attitudes:

From your point of view, what were the events which seemed to have had the greatest impact on your child? (moving, births, deaths, severe illness of family members, divorce) _____

How would you describe your child at the present time? What changes have you seen in your child during the past year? _____

Does your child have any behavior characteristics which you hope will change? _____

In what ways would you like to see your child develop during the school year? _____

Signature(s) of person/persons filling out this questionnaire.