

Developmental History

Student's Name: _____

Age: _____

Date of Birth: _____

Grade: _____

Name of Parent Completing Form: _____

Date Completed: _____

Birth History

1. Were you sick or did you have any complications while you were pregnant? Yes No

If yes, what did you have? _____

2. Did you have measles, rubella, or any other childhood diseases while you were pregnant?
Yes No

3. Was your child born earlier than expected? Yes ___ No ___
If yes, how many weeks early? _____

4. Was there anything unusual or wrong with the birth? Yes ___ No ___
If yes, what was wrong? _____

5. How much did your child weigh at birth? _____

6. In what country was your child born? _____

Health History

7. Did your child have any illness or anything wrong in the first year? Yes ___ No ___
If yes, what was the illness or what was wrong? _____

8. Have any of the following happened to your child?

a. had a temperature over 104 degrees for more than a few hours?	Yes ___	No ___
b. ever been knocked unconscious?	Yes ___	No ___
c. ever had a concussion?	Yes ___	No ___
d. ever been in a coma?	Yes ___	No ___
e. ever had any kind of operation?	Yes ___	No ___
f. ever been to a hospital for a reason not listed above?	Yes ___	No ___
g. ever had problems with hearing or vision?	Yes ___	No ___
h. had frequent earaches?	Yes ___	No ___

if yes, were tubes installed? _____ at what age? _____

If you answered yes to any of these questions, please tell about it:

9. Does your child take any kind of medicine or pills? Yes ____ No ____

If yes, please tell what the medicine is and for how long your child has been taking it.

10. Has your child been diagnosed with any health problems? If so, please tell about them:

11. Do people outside the family understand what your child says? Yes ____ No ____

12. Is there any history of learning problems in the family? Yes ____ No ____

13. Was there ever a point in your child's development when you became concerned? Yes ____ No ____

If so, please describe:

14. Has your child ever been abused or experienced trauma? Yes ____ No ____

Current Home and School Life

15. What language is spoken in the home? _____

16. What language does your child prefer to speak? _____

17. How many different schools has your child attended? _____

18. At present, do you have any behavior or academic concerns about your child?

Yes ____ No ____ If so, please describe: