

Your Name & Relation to Child: _____ Date: _____

Name of Your Child: _____

Date of Birth: _____ Age: _____ Gender: _____

Names and ages of brothers/sisters:

_____	Age: _____	_____	Age: _____
_____	Age: _____	_____	Age: _____
_____	Age: _____	_____	Age: _____

Developmental Milestones:

At what age did your child reach the following developmental milestones? (If you cannot recall exact age, check item at right.)

	Age	Or:	Early	Normal	Late
Smiled					
Sat without support					
Crawled					
Walked without assistance					
Spoke first words					
Said phrases					
Rode tricycle					

Is your child bladder trained during the day? _____ Bladder trained at night? _____
Is your child bowel trained during the day? _____ Bowel trained at night? _____

Please describe or explain:

How is your child's appetite?

Does your child take naps? _____ For how long each day? _____

What does he/she need help with that he/she should be doing independently?

Is there anything he/she is now particularly afraid of?

Coordination:

Rate your child on the following skills:

	Good	Average	Poor
Walking			
Running			
Throwing			
Catching			
Buttoning			

Any Health Problem or Medical Diagnosis:

Current Medications:

Any illnesses/accidents (be specific): _____

Height: _____ Weight: _____

Does your child have a hearing problem? _____

Has hearing been tested? _____ By whom: _____

Date: _____ Results: _____

History of ear infections and/or tubes? _____

Has your child had speech or language therapy? Yes _____ No _____

Where and when? _____

Does your child have a vision problem? _____

Has your child's vision been tested? _____ By whom: _____

Date: _____ Results: _____

Does your child wear glasses? _____

Social Behavior

Who takes care of your child during the day? (parent, grandparent, home daycare, daycare center, etc.) _____

Describe any problems at daycare:

What does your child do when angry?

Does your child make friends easily?

How well does your child deal with transition and change?

What is your child's basic mood?

How predictable is your child in patterns of sleep, appetite, etc.?

What does your child like to do for fun?

What are your child's strengths?

Please rate (1 to 5) the degree that your child exhibits the following behaviors. Please describe your level of concern and ability to help your child improve behaviors.

- Rating:
- 1 - You have not noticed this behavior at all
 - 2 - You have noticed this behavior to a slight degree
 - 3 - You have noticed this behavior to a moderate degree
 - 4 - You have noticed this behavior to a large degree
 - 5 - You have noticed this behavior to an extensive degree

_____ Fidgets with hands, feet or squirms in seat

_____ Has difficulty remaining seated when required to do so

_____ Easily distracted

_____ Has difficulty awaiting his/her turn in games or group situations

_____ Blurts out answers to questions before they have been completed

_____ Has problems following through with instructions (usually not due to opposition or failure to comprehend)

- _____ Has difficulty paying attention during tasks or play activities
- _____ Shifts from one uncompleted activity to another
- _____ Has difficulty playing quietly
- _____ Often talks excessively
- _____ Interrupts or intrudes on others (often not purposeful or planned but impulsive)

- _____ Does not appear to listen to what is being said
- _____ Loses things necessary for tasks or activities
- _____ Impulsivity (poor self-control)
- _____ Temper outbursts
- _____ Frustrates easily
- _____ Destructiveness
- _____ Disobedient to adults
- _____ Frequent crying

Types of discipline you use with your child and has it been effective?

Is there a particular form of discipline that has proven effective?

Describe any family issues at home that might affect his/her performance at school.

Is there any other information you would like to share about your child?

Thank you