

Child Developmental History Questionnaire

This questionnaire has been prepared to allow review of your child's development in a variety of areas. Please take the time to complete each section as thoroughly as possible, and feel free to add your comments and elaborations when necessary. Thank you, in advance, for your time and effort with this form.

Person completing this form: _____ Relation to child: _____

DEMOGRAPHICS

Child's full name: _____ Date of Birth: _____

Preferred name of your child: _____ Age _____ Gender _____

Present primary address: _____

Phone number: (____) _____ Email: _____

FAMILY/HOUSEHOLD

Please list all family members living in the household.

| NAME | AGE | RELATIONSHIP |
|------|-----|--------------|
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| | | |
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| | | |

Primary Language(s) spoken at home _____

DEVELOPMENTAL HISTORY

Were there any complications with pregnancy or during birth? Y / N Explain:

Please note the approximate ages at which this child consistently was able to do each of the following:

____ Sits Alone ____ Stands Unassisted ____ Rolls Over Unassisted
____ Says First Words ____ Walks Unassisted ____ Says First Sentences

What three adjectives best describe this child during infancy and toddler years?

PRESCHOOL YEARS (Approximately 2 to 5 years old)

Does your child attend a preschool program? YES NO If yes, Name _____

Is your child fully potty-trained? YES NO If no, please describe any challenges you face.

How does your child communicate his/her needs?

___ Gestures/Nonverbal ___ Single Words ___ Phrases ___ Three- to Four-Word Sentences

During your child's first few years of life, were any of the following significantly present?

___ Difficult to comfort ___ Poor eye contact ___ Not easily calmed
___ Excessive irritability ___ Poor sleep routines ___ Difficulty feeding
___ Did not respond to their name ___ Showed fascination with certain objects

If you checked any of the above, please describe.

Does your child have more difficulty than other children his/her age...

___ Sitting still during an activity ___ Paying attention when read to
___ Following directions ___ Holding crayon/pencil
___ Throwing/ catching a ball ___ Buttoning and zipping
___ Destructive behavior ___ Shows sudden physical aggression
___ Difficulty playing quietly ___ Requires constant supervision
___ Difficulty separating from parent ___ Prefers to be alone
___ Cry or whine frequently ___ Become upset with changes in routine

How would you describe your child's personality at home?

ELEMENTARY SCHOOL YEARS (Approximately ages 6+)

What school does your child currently attend? _____ Grade? _____

Please list previous School(s), grade(s), and describe any learning challenges your child faced.

| SCHOOL | GRADE | LEARNING CHALLENGES? |
|--------|-------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

What do you feel are your child's...

Strengths: _____

Weaknesses: _____

Briefly describe any concerns for your child.

Does your child have a IEP or Section 504 Plan? YES NO

Has your child...

...had any prolonged absences from school? YES NO

...failed or repeated any grade? YES NO

...had psychological testing of any kind? YES NO

...received speech and language therapy services? YES NO

...ever been suspended or expelled from any activity? YES NO

If yes to any of the questions above, please explain.

What three adjectives best describe your child's attitude toward school and learning?

What is your child's...

FAVORITE SUBJECT: _____

LEAST FAVORITE SUBJECT was: _____

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

