



## Developmental History

Full term pregnancy? \_\_\_\_\_ Normal birth? \_\_\_\_\_

Any complications before, during, or following delivery? \_\_\_\_\_

Child's birth weight: \_\_\_\_\_ Age at which child crawled? \_\_\_\_\_ Age at which child walked? \_\_\_\_\_

Age of speech: First words? \_\_\_\_\_ Sentences? \_\_\_\_\_

Any speech/language deficits now or in the past? Yes No

If yes, has any attempt been made to correct it? Yes No

- By whom? \_\_\_\_\_ Was therapy successful? Yes No

## Academic History

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age at time of entrance to Kindergarten? \_\_\_\_\_

Is your child receiving any tutoring, extra help or special classes? Yes No

- If yes, please describe: \_\_\_\_\_

Does your child have an IEP in place? Yes No

Does your child like school? Yes No

Is schoolwork a chore for your child? Average Better than average Below average

Have there been any school difficulties? \_\_\_\_\_

What subjects are considered easiest? \_\_\_\_\_

Does test taking appear to cause anxiety? Yes No

Does your child read for fun? Yes No

## Other

Give a brief description of your child as a person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's hobbies and interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

