

CHILD'S HISTORY

BIRTH & DEVELOPMENT

Please check if yes:

- Complications with pregnancy/delivery (circle one)

Describe: _____

- Prematurity, less than 37 weeks gestation
- Birth weight under 5 lbs.
- Labor over 20 continuous hours
- Apgar score less than 7 at five minutes
- More than 2 days in hospital after delivery
- Breast fed: how long? _____
- Adoption
- Colic or excessive crying (before age 1)
- Feeding or digestive problems (before age 1)
- Excessive activity, or under activity (circle one)
- Poor crawling (stomach on floor)
- Poor creeping (stomach off floor)
- Walked late (after 18 months)
- Rocking or head banging (circle one)
- Overly sensitive to touch, or to noise (circle one)
- Difficulty learning to run with good coordination.
- Speech difficulties

Has your child ever received?

- Neurological testing: Date: _____

Name, Address & Phone # of Provider: _____

- Psychological testing: Date: _____

Name, Address & Phone # of Provider: _____

- Occupational therapy: Date: _____

Name, Address & Phone # of Provider: _____

- Physical therapy: Date: _____

Name, Address & Phone # of Provider: _____

- Speech therapy: Date: _____

Name, Address & Phone # of Provider: _____

- Vision therapy: Date: _____

Name, Address & Phone # of Provider: _____

BEHAVIOR

- Indoor activities: _____

Hours daily: TV____, computers____, videos____

Outdoor activities, including sports: _____

- Prefers outdoor or indoor activities (circle one)
- Plays alone, or with other children (circle one)
- Playmates same age.
- Socializes well with other children

When fatigued or tense: withdraws?

- excitable? crying spells & tantrums
- Difficult to discipline at home and/or at school.
- Frustration, tears during home work
- Does not use time well.
- Frequently says "I can't" before trying
- Child feels "stupid".
- Child does not like going to school.
- Self confidence is low and attitude is poor.
- Child ridiculed by others.
- Frustration seems to trigger behavior problems.
- Family is concerned over child's school performance.

EDUCATION HISTORY

Current grade: _____

Name and city of school: _____

Name of teacher: _____

- Repeated or skipped a grade (circle one)
- Reading, math, spelling, or writing problems (circle those that apply)
- Average school work (overall)
- Above average school work (overall)
- Below average school work (overall)
- Currently in special classes or programs.

List: _____

- Enjoys reading on own for fun
- You feel that child not working up to potential
- Teacher feels child not working up to potential
- Difficulty completing assignments
- Poor school performance could limit future educational and job opportunities

