

Developmental History

Child's Name _____ Date _____

Date of Birth _____ Grade entering _____

FAMILY INFORMATION

1. With whom does your child live? Father ___ Mother ___ Both ___ Other _____

If child lives with a guardian, what is the relationship? aunt/grandparent/uncle/foster

2. Is there anyone else living in the household? _____

3. Do any relatives attend The Children's Storefront? Now? _____

In the past? _____

4. Child's nickname _____

5. Mother's occupation _____ Father's occupation _____

6. What language is spoken in your home? _____ by the child's grandparents? _____

7. Have there been any recent changes in the family? _____

8. Are there and custody issues we should know about? _____

EARLY CHILDHOOD HISTORY

1. Where was your child born? _____

2. Were there any complications at birth? _____

3. Did your child go home from hospital with mother? _____ yes _____ no

4. At what age did your child begin sitting? _____ crawling _____ walking _____
talking _____

5. Do you remember being worried or surprised about any part of your child's development?

6. Does your child have any speech difficulties or concerns? _____

7. Do you understand your child most of the time? _____

8. Did your child have frequent ear infections as a baby? _____