

Health and Developmental History

Please Note: This information will be used as part of planning interventions and if necessary, the eligibility determination process.

Student's Name: _____ School: _____ Grade: _____ Age: _____

Date of Birth: _____ Sex: _____

Name of Parent or Guardian: _____

Address: _____

Phone: _____ Email: _____

Developmental and Medical History

Please describe any unusual circumstances or occurrences during the pregnancy or birth of your child such as prematurity or low birth weight:

Did your child achieve developmental milestones within normal limits? If not, please specify area(s) and age of delay: _____

Has your child experienced any serious or frequent illnesses? Head injuries? Hospitalizations? Serious accidents? If so, please give a brief description including the nature of accident/illness, age at time of occurrence, and any permanent or serious aftereffects: _____

Has your child been or is your child subject to: frequent ear infections hearing problems gastrointestinal problems eye/vision problems asthma allergies seizures tics other: _____

If any checked, please explain: _____

Please list any medications currently taken by your child:

<u>Name of Medication</u>	<u>Strength & Amount</u>	<u>Reason for Taking</u>	<u>Physician</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been prescribed medication to help with school behavior? If so, please explain.

Does your child have functional vision? _____ functional hearing? _____ If no, please describe why: _____

When was your child's last visit to a physician? _____

Educational History

Please list all schools (including preschool) which your child has attended.

Name of School	Location	Grade(s) Attended	Grades Repeated, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If retained, was retention recommended by the school or by the parents or both? _____

Has your child ever received any special education services (including speech-language therapy, resource services, inclusion services, itinerant services, self-contained services) through an IEP or Individual Services Plan? _____ If yes,

Type of Program	Location	Grade(s)
_____	_____	_____
_____	_____	_____

Has your child received any special tutoring at or outside of school? _____

If so, please give dates and subject(s): _____

Has your child ever been absent from school for a long period of time (more than 10 days in one school year)? _____

If so, please explain: _____

Describe your child's ability to learn: __Above average __Average __Slower than other children the same age

Describe your child's effort to learn: __Above average __Average __Very little effort

Social and Family History

Parents:

Mother's name: _____ Age: _____

Occupation: _____ Place of Employment _____ Phone _____

Educational Level Completed: _____ Cell Phone _____

Father's name: _____ Age: _____

Occupation: _____ Place of Employment _____ Phone _____

Educational Level Completed: _____ Cell Phone _____

Does this child have stepparent(s)? _____ If yes, please complete:

Name _____ Relationship to child: _____

Name _____ Relationship to child: _____

If parents are divorced, has parental rights been terminated for the non-custodial parent? _____ If yes, please provide a copy of the court order.

Primary Caregivers:

With what adults does this child live? _____

How long has child been in current living situation? _____

List other persons who are currently living in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

If parents are divorced or separated, how often does non-custodial parent see child? _____

Has either parent been away from the home for long periods of time due to military service or for other reasons?
 If yes, whom and how long? _____

Has your child lived with adults other than his natural parents?_____If so, please explain:

Please indicate if there is a family history of any of the following conditions:

Condition	Yes	No	Person in family affected, comments
Articulation/language problem			
Hearing loss			
Cleft lip/palate			
Cerebral palsy			
Reading problem			
Math problem			
Writing problem			
Intellectual disability			
Autism			
Emotional/Behavioral problem			
Attention/Concentration problem			
Other:_____			

How does your child get along with other children?_____

How does your child get along with other family members? _____

Has your child ever experienced anything traumatic? (e.g. death in the family, separation, etc.) When did this occur and how did this affect your child?

How does your child behave when he/she is angry?_____

What types of things does your child do that require discipline?

How often does your child require discipline? (number of times daily or weekly)_____

What discipline techniques work best?_____

Please describe your child's strengths, abilities or characteristics you admire._____

Please describe your child's interests or hobbies._____

Professional contacts:

Has your child been seen for counseling or therapy?_____

If "yes", please specify the nature of the problem, length of treatment and name of therapist. _____

Has your child received any of the following evaluations? (please give dates)

Psychological _____ Neurological _____
Physical therapy _____ Occupational therapy _____ Educational _____
Other: _____

Please provide copies of any evaluative reports you may have or give the name and address of the evaluator(s): _____

Please list any agencies that have provided services to your child and/or family.

Name of Agency	Type of Service	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child differ noticeably in his/her ability to play, work, follow directions or communicate with others?
_____ If yes, please explain: _____

Please describe educational and/or behavioral concerns you have about your child: _____

Please provide any other information you believe may help the school team in addressing your child's difficulties: _____

Date

Signature of Person Providing Information

Relationship to Child