

Child's Developmental History

CHILD'S NAME _____ BIRTHDATE ____ / ____ / ____ AGE: _____
 NICKNAME _____ HOME PHONE _____
 FATHER'S NAME _____ DAYTIME PHONE _____
 MOTHER'S NAME _____ DAYTIME PHONE _____
 SIBLINGS NAMES AND AGES _____

DEVELOPMENTAL & BEHAVIORAL HISTORY

1. Full term pregnancy? _____ Normal birth? _____
2. Was there anything unusual about your child's early development? _____
3. At what age did your child first talk? _____
4. Any speech difficulties now? _____
5. First walked alone at what age? _____
6. Hand preference was clearly indicated at what age? _____ R or L or Both (please circle)
7. Are there any indications of hearing problems? _____
8. Have there been any significant injuries to your child's head or eyes? _____
9. Has a neurological, psychological, speech, or hearing evaluation been performed in the past?

	TYPE OF EVALUATION	DATE	BY WHOM	DIAGNOSIS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

ACADEMIC HISTORY

- NAME OF SCHOOL _____ CURRENT GRADE _____
1. Does your child like school? _____ Like teacher? _____ Any grades repeated? _____
 2. Have there been any school difficulties? _____
 3. Child's favorite subjects? _____
 4. Child's most difficult subject areas? _____

VISUAL SYMPTOMS AND OBSERVATIONS

	YES	NO
1. Vision is blurry at any time.....	_____	_____
2. Child sees double at any time.....	_____	_____
3. Complains of fatigue with reading.....	_____	_____
4. Confusion of similar words or letters.....	_____	_____
5. Reversals of words or letters when reading or writing.....	_____	_____
6. Poor comprehension.....	_____	_____
7. Dislikes reading but likes being read to.....	_____	_____
8. Rubs eyes during or after reading.....	_____	_____
9. Closes or covers one eye.....	_____	_____
10. Headaches when reading.....	_____	_____
11. Holds head too close to desk when writing.....	_____	_____
12. Difficulty copying from chalkboard or book.....	_____	_____
13. Neatness of writing is a problem.....	_____	_____
14. Slow with written work.....	_____	_____
15. Dislikes tasks requiring sustained visual concentration.....	_____	_____