

DEVELOPMENTAL HISTORY

Child's Name _____ Grade _____ Teacher _____ School _____

Please state any major school or learning problems you wish us to evaluate. _____

Questions about school:

- | | yes | no |
|---|-------|-------|
| 1. Is the school satisfied with your child's performance? | _____ | _____ |
| 2. Are you satisfied with your child's performance? | _____ | _____ |
| 3. Has your child skipped a grade or been held back? | _____ | _____ |

Directions: Place a number in the blank to the left of the item which best describes your child's behavior:

- | 1-Always | 2-Frequently | 3-Occasionally | 4-Rarely | 5-Never | 6-Unknown |
|---|--------------|----------------|----------|---------|---|
| ___ Easily Distracted | | | | | ___ Reverses letters or numbers when reading |
| ___ Short attention span | | | | | ___ Reverses letters or numbers when writing |
| ___ Easily frustrated | | | | | ___ Confuses rights and lefts or other directions |
| ___ Impulsive | | | | | ___ Poor ability to organize work |
| ___ Easily fatigued | | | | | ___ Indistinct speech |
| ___ Emotional problems | | | | | ___ Awkward or clumsy |
| ___ Confusion with a series of verbal instructions | | | | | ___ Poor peer group relationships |
| ___ Variable school performance (from hour to hour or day to day) | | | | | ___ Behavior problems |

At what age in years and months did your child: Speak words clearly _____

Start to crawl _____ Walk unaided _____

What phrase describes your child's physical maturity (circle one)

Physically immature for age average physical maturity for age advanced physical maturity for age

Rate your child's progress in the following subjects: 1- Below average 2- Average 3- Above average
Reading _____ Spelling _____ Penmanship _____ Arithmetic _____ Writing _____ Drawing _____ Phys. Education _____

Have any other family members had difficulties learning any subjects? Yes _____ No _____

Relationship to child	Subject
1. _____	_____
2. _____	_____

Is there a history of pregnancy or birth complications? Yes _____ No _____ If yes, please explain _____

Has there been any severe childhood illness, high fever, injury, or physical impairment? Yes _____ No _____
If yes, please explain _____

Has your child received a hearing test? Yes _____ No _____ Date _____

Has a hearing or speech deficiency been previously diagnosed? Yes _____ No _____

Has there been any previous therapy for learning problems? Yes _____ No _____

Signature _____ Relationship to child _____