

PARENT INPUT

Child's Name: _____ Birthdate: _____ Today's Date: _____

Mother's name: _____ Father's name _____

Child resides primarily with (check one): _____ Mother _____ Father

Both parents _____ Joint Custody _____

Please list names of others living in the home.

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>

Developmental/Medical History

1. Were any problems reported during pregnancy? (health, illnesses, injuries, medication)

Was pregnancy full-term? Yes/No How many weeks? _____ Child's Birth weight _____

Any other problems with labor or delivery? _____

2. Were developmental milestones met (check one): early _____ late _____ on time _____

Please list ages at which your child first: sat unaided _____; walked independently _____; spoke single words _____; spoke using 2-3 words _____; was toilet trained _____ (days) _____ (nights)

3. List important medical information including serious illnesses, injuries, and hospitalizations such as frequent ear infections, tubes in ears (hearing problems), seizures, allergies, etc. _____

4. Please list current medications your child is taking. _____

5. Has your child ever had visual problems or worn glasses? _____

6. Has your child ever received services for developmental and/or communication delays?

7. Has your child ever received a psychological or psycho-educational evaluation? If so, when and where?

8. Have special education services been provided in the past? _____

9. Describe any behavior problems noticed at home or reported by teachers: _____

Home/Community

1. What are your child's successes? _____

2. What things are hard for your child? _____

3. Please list any sports, hobbies, etc _____

4. How does your child get along with adults? _____ Peers? _____

5. Have there been any recent changes at home that may be impacting your child's performance at school?

Please report any other concerns or relevant information below or on the back of this page.