Developmental History
Page 1 of 3
(To be completed through an interview with the counselor or school psychologist)

Student's Name: _____   **DOB** _____ **Age** _____ **Grade** _____
Person Interviewed: _____   **Relationship to Student:** _____
Interview Completed by: _____   **Date:** _____
Language Spoken in Home: _____   **Interpreter (If used):** _____

Birth History

1. How often did you see a doctor while you were pregnant?   Regularly___   A few times ___   Not at all ___

2. Were you sick or did you have any complications while you were pregnant?   Yes_____   No _____
   If yes, what did you have? _____

1. Did you have measles or any other childhood disease while you were pregnant?   Yes ____   No ____
   If yes, what did you have? _____

2. Did you have trouble giving birth?   Yes____   No ____
   If yes, what was the trouble? _____

5. Was your child born earlier than you expected?   Yes ____   No ____
   If yes, how many weeks early? _____

6. Was there anything unusual or wrong with the birth?   Yes ____   No ____
   If yes, please explain. _____

7. Was your child born in a hospital?   Yes ____   No ____

8. In what country was your child born? _____

9. What age were the mother and father at the birth?   Mother _____   Father _____

10. Is there a family history of any genetic conditions?   Yes____   No ____
    If yes, please explain_____
    Was genetic testing completed for your child?   What were the results? _____

Health History
11. Did your child have any illness or other concerns during the first year?   Yes ____   No ____
    If yes, what was the illness or concern? _____

12. Have any of the following happened to your child?
    a. had a temperature over 104 degrees for more than a few hours?   Yes____   No____
    b. had to go to the hospital because of a temperature?   Yes____   No____
    c. ever been knocked unconscious?   Yes____   No____
    d. ever had a concussion?   Yes____   No____
    e. ever been in a coma?   Yes ____   No____
    f. ever had any kind of an operation?   Yes____   No____
    g. ever been to a hospital for any other sickness or trouble not mentioned above? Yes____   No____
    h. ever had problems with hearing or vision   Yes____   No____
    i. had frequent earaches?   Yes____   No____
        if yes, were tubes installed? _____   at what age? _____

    If you answered yes to any of these questions, please tell about it: _____

    _____

Developmental History
Page 2 of 3

13. Does your child take any kind of medicine or pills regularly for some condition?   Yes_____   No_____
    If yes, please tell what the medicine is for and how long your child has been taking it._____
    _____

14. Has the child been diagnosed with any health problems? If so please explain:
    _____
    _____

Developmental Milestones

15. At what age did your child:
    a. sit alone _____   b. walk _____   c. speak single words _____   d. speak 2-3 word sentences _____

16. When was your child completely toilet trained? _____

17. At the present time, does your child ever have toileting accidents?   Yes_____ No_____

18. Does the child have any brothers or sisters? If so, list ages, gender, and whether they live at home.
    _____

19. Has your child's speech and/or language development been significantly different than his or her siblings?
    (i.e. simpler vocabulary, later to begin speaking, difficulty following directions)   Yes_____   No_____
    If yes, please explain _____

20. Do people outside the family understand what your child says?   Yes_____ No_____
    If no, please tell about it. _____
    _____

21. What language(s) is (are) spoken in the home? _____
    What language does your child speak most often with friends? _____siblings? _____What language does your
    child hear most often at home? _____In which language does your child generally respond? _____

22. Do both parents live at home?   Yes_____ No_____

23. Is there any history of learning problems and/or speech/language difficulties in the family?   Yes _____   No_____
    Please explain _____

24. Is there any family history of physical or mental health problems?   Yes_____ No_____
    If so please describe:
    _____
    _____

25. Please tell us about the reading habits of the adults in the home. How often and what types of materials do the adults read?
    Do you read with your child? Do you read in English or your native language (if different)?

26. How many different schools has your child attended? _____
    If your child's primary language is not English, has your child had any formal schooling in their native language? _____
    For how many years? _____

27. Would you describe the child's school attendance as poor, fair, or good? _____ If there have been any
    interruptions in your child's school experience, please explain. _____

28.   Has your family experienced homelessness? _____

Developmental History
Page 3 of 3

29. Did your child attend preschool? Yes_____ No_____ Please list frequency, duration, and types of activities.
_____
_____

30. Now or in the past has your child been involved in any activities outside of school such as sports, playgroups, library visits, or scouts?   Please list: _____
_____

31. What does your child like to do with just you? _____

32. What does the whole family like to do for fun together? _____

33. How much "screen time" or media does your child have access to daily? _____

34. When you want your child to do something, do you feel you have to repeat yourself more often than you would like to or feel that you should have to?   Yes_____   No_____

35. How does your child respond when you have to speak a second or third time, and what do you do?
_____
_____

36. What kinds of things do you expect or ask that your child do such as chores or responsibilities around the house (for example: cleaning his/her room, emptying the trash, answering the phone, etc.)? Is this routine or when he/she feels like it? _____
_____

37. What does your child do which pleases you the most (those things that make you proud as a parent)?
_____
_____
_____

38. Does your child experience difficulty doing or completing homework? Please explain: _____
_____
_____

39. Has there been anything unusual that occurred to you and your family within the last five years, such as a major illness, death in the family, change of residence, divorce, moving away from family, etc? If so, please explain and list when these things occurred. _____
_____
_____
_____

40. At present time, do you have any concerns about your child? Yes_____ No_____

   If so, please describe:
_____
_____
_____
_____