

## School History

Age at time of entrance to: Kindergarten \_\_\_\_\_ First \_\_\_\_\_  
Does he/she like school? Yes \_\_\_\_\_ No \_\_\_\_\_ Teacher? Yes \_\_\_\_\_ No \_\_\_\_\_  
School Work is: Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_  
Do you feel he/she is working up to potential? \_\_\_\_\_  
Specifically describe any school difficulties: \_\_\_\_\_

What subjects are easy for your child? \_\_\_\_\_  
What subjects are difficult for your child? \_\_\_\_\_  
Possible reasons for difficulties: \_\_\_\_\_  
Has a grade been repeated? Yes \_\_\_\_\_ No \_\_\_\_\_ Which? \_\_\_\_\_  
Does he/she attend any special classes? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
explain \_\_\_\_\_  
Does he/she like to read? \_\_\_\_\_ Voluntarily? \_\_\_\_\_ What? \_\_\_\_\_  
Does your child prefer to be read to rather than reading on his/her own? \_\_\_\_\_  
Please arrange to bring a copy of any special school testing if any has been completed.

## General Behavior

Does he/she actively participate in play, sports, or athletics? \_\_\_\_\_ Which ones? \_\_\_\_\_  
Does he/she enjoy music? \_\_\_\_\_ Can he/she carry a tune? \_\_\_\_\_ Keep Rhythm? \_\_\_\_\_  
Are there any behavior problems? \_\_\_\_\_  
What causes these problems? \_\_\_\_\_  
Child's reaction to fatigue: Sags \_\_\_\_\_ Irritable \_\_\_\_\_ Other \_\_\_\_\_  
Child's reaction to stress: Nail Biting \_\_\_\_\_ Thumb sucking \_\_\_\_\_ Other: \_\_\_\_\_

## Developmental History

List any drugs, medications or complications during pregnancy: \_\_\_\_\_  
Length of pregnancy: \_\_\_\_\_  
Complications before, during, or after delivery? \_\_\_\_\_  
Did your child crawl (stomach on floor) \_\_\_\_\_ Age? \_\_\_\_\_  
(on hands and knees) \_\_\_\_\_ Age? \_\_\_\_\_  
Was there anything unusual about crawling or early development? \_\_\_\_\_  
At what age did your child walk? \_\_\_\_\_  
Did arms or legs require special braces? \_\_\_\_\_  
Can most children his or her age run faster? \_\_\_\_\_  
Throw or catch a ball better? \_\_\_\_\_  
Which hand does your child use for eating? \_\_\_\_\_ Writing? \_\_\_\_\_ Throwing \_\_\_\_\_  
Has he or she always used the same hand? \_\_\_\_\_  
Was any guidance given? \_\_\_\_\_  
Which foot does your child use for kicking? \_\_\_\_\_ Hopping? \_\_\_\_\_  
Your child's first words were at age? \_\_\_\_\_ Was speech clear to others? \_\_\_\_\_  
Is it clear now? \_\_\_\_\_  
Are there any indications for hearing or speech related problems? \_\_\_\_\_ Explain \_\_\_\_\_  
Has a neurological, psychological, visual, speech or hearing evaluation been performed?  
Type of evaluation \_\_\_\_\_ By Whom \_\_\_\_\_ Diagnosis \_\_\_\_\_

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