LELAND SCHOOL DISTRICT
DEVELOPMENTAL HISTORY (Ages 3 – 9)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:	**Relationship to the Child:**

PERSONAL DATA

Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

HOME AND FAMILY INFORMATION

Parent(s)/Guardian(s):	**Age:**
Home Address:	**Home Phone:**
Employer/Occupation:	**Work Phone:**

Child lives with: ☐ Birth Parent(s) ☐ Adoptive Parent(s) ☐ Parent and Step-Parent ☐ Grandparent(s) ☐ Foster Parent(s) ☐ Other: _____

Persons Living in the Home

Name	Age	Gender	Relationship	Special Needs
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No
6.				☐ Yes ☐ No

Language(s) Spoken in the Home

Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)

Language(s)	**Child**		**Parent(s)/Guardian(s)**	
	Understands	**Speaks**	**Understands**	**Speaks**
English				

Your Child's Strengths

Describe your child's strengths.

Concerns for Your Child

Describe any concerns that you have or any recent changes in your child's development, behavior, or learning (e.g., missing developmental milestones, inattention, angry outbursts, withdrawn, difficulty learning information).

Life Events or Family Transitions

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

MEDICAL / PHYSICAL DEVELOPMENT

Birth History

Mother's age at birth:_____ years | **Mother received prenatal care during pregnancy?** ☐ Yes ☐ No

Were there any complications during pregnancy or delivery? ☐ Yes ☐ No (skip to next question)

☐ High blood pressure/toxemia ☐ Maternal injury/illness ☐ Exposure to alcohol/cigarettes /drugs
☐ Rubella/German measles ☐ Gestational diabetes ☐ Emergency C-section
☐ Premature (___ weeks gestation) ☐ Low birth weight (indicate one: ☐ <2.3 lbs. ☐ 2.3-3.3lbs ☐ 3.4-5.4 lbs.)
☐ Other: _____

Did your child have an extended stay in the hospital after birth? ☐ Yes ☐ No (skip to next question)

Length of time: ☐ < one week ☐ one to four weeks ☐ one month or more (___ months)
Reason: _____

General Health

Has your child been hospitalized or had any significant operations? ☐ Yes ☐ No (skip to next question)

Explain: _____

Has your child had any significant medical conditions or illnesses? ☐ Yes ☐ No (skip to next question)

☐ Eye or vision problems ☐ Heart problems ☐ Hydrocephalus, hemorrhages, and/or shunt
☐ Ear infections and/or ear tubes ☐ Seizures/neurological issues ☐ Allergies (specify:_____)
☐ Asthma or breathing difficulties ☐ Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers
☐ Other: _____

Has your child had any significant accidents/injuries (e.g., head injuries)? ☐ Yes ☐ No (skip to next question)

☐ Motor vehicle accident(s) ☐ Fall-related injury(ies) ☐ Significant blow(s) to the head
☐ Other: _____

Explain: _____

Has your child had any difficulties or disorders with the following? ☐ Yes ☐ No (skip to next question)

☐ Eating difficulties/disorders ☐ Sleeping difficulties/disorders ☐ Toileting difficulties/disorders

Explain: _____

Is your child currently being treated for a medical condition? ☐ Yes ☐ No (skip to next question)

Does your child have a regular healthcare provider/medical home? ☐ Yes ☐ No
When was your child's last visit to a healthcare provider? Indicate one: ☐ <6 months ☐ 6-12 months ☐ >1 year
May we access your child's medical records? ☐ Yes (please complete a release form) ☐ No
Is your child currently taking any medications? ☐ Yes ☐ No

Explain: _____

Has your child ever received speech, physical, or occupational therapy? ☐ Yes ☐ No (skip to next question)

Explain: _____

Hearing and Vision

Has your child ever had his/her hearing and/or vision tested? ☐ Yes ☐ No (skip to next question)

☐ Hearing only ☐ Vision only ☐ Hearing and vision
Hearing results: _____
Vision results: _____

Does your child require devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)

☐ Hearing aids (when acquired:_____) ☐ Glasses (when acquired:_____)

Motor Development

Describe any concerns you have about your child's gross motor skills (e.g., walking, hopping, jumping, running, climbing stairs, kicking balls, etc.).

Describe any concerns you have about your child's fine motor skills (e.g., writing or coloring, working buttons/zippers, tying shoes, cutting, etc.).

Describe any additional concerns you have about your child's physical development.

EDUCATIONAL BACKGROUND

Has your child ever attended a preschool program or childcare center? ☐ Yes ☐ No (skip to next question)

Name: _____ Phone: _____

Address: _____ Teacher: _____

Describe any difficulties your child has had with learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? ☐ Yes ☐ No (skip to next section)

By whom: _____ When: _____

Results: _____

COGNITIVE / ADAPTIVE DEVELOPMENT

Can your child follow directions? ☐ Yes ☐ No (skip to next question)

☐ One-step directions only ☐ Two-step directions ☐ Multi-step directions

Does your child know any of the following information about him/herself?

☐ Name ☐ Age ☐ Gender

☐ Parent(s) name(s) ☐ Address ☐ Home phone number

Does your child:

☐ Identify parts of the body ☐ Identify colors ☐ Count (highest number: _____)

☐ Identify letters of the alphabet ☐ Play with building toys/puzzles ☐ Identify size (e.g., big, little, tall, short, etc.)

☐ Looks at books independently ☐ Enjoy being read to ☐ Identify shapes (e.g., circle, square, etc.)

☐ Recognize written words ☐ Read books independently ☐ Identify money (e.g., dime, quarter, dollar)

Does your child independently:

☐ Drink from a cup without spilling ☐ Dress self completely ☐ Use toilet without accidents during day

☐ Eat with a spoon and fork ☐ Put shoes on correct feet ☐ Use toilet without accidents during night

☐ Brush hair and teeth ☐ Put on a coat/jacket ☐ Clean table/space after eating/activity

☐ Bathe self ☐ Make up bed ☐ Cross the street safely

Describe any additional concerns you have about your child's thinking or daily living skills.

COMMUNICATION DEVELOPMENT

Does your child seem to understand what is said to her/him? ☐ Yes (skip to next question) ☐ No

Explain:

How does your child communicate?

☐ Gestures only ☐ Gestures and some speech ☐ Primarily speech with some gestures

Does your child…

☐ Make up stories/songs ☐ Talk about daily activities ☐ Use "*me*," "*you*," plurals, and past tense

Who can understand what your child says? (check all that apply)

☐ Family/caregivers ☐ Other children ☐ Unfamiliar adults

Describe any additional concerns you have about your child's language or speech skills.

SOCIAL / EMOTIONAL DEVELOPMENT

In the first three years, was/did your child:

- ☐ Difficult to calm/comfort
- ☐ Excessively irritable
- ☐ Have poor sleep routines
- ☐ Resist being cuddled
- ☐ Fail to make eye contact
- ☐ Fail to look at caregivers
- ☐ Show fascination with specific objects
- ☐ Engage in frequent head banging
- ☐ Difficult to feed/nurse

If any of these behaviors have continued beyond age 3, give an example:

Describe your child's behavior (compared to other children his/her age):

How active is your child?	☐ less active than others	☐ about the same	☐ more active
How well does your child pay attention?	☐ less distracted than others	☐ about the same	☐ easily distracted
How does your child handle change?	☐ handles change easily	☐ about the same	☐ resists change
How does your child respond to new things?	☐ readily accepts new things	☐ about the same	☐ resists new things
How strong are your child's emotions?	☐ passive/indifferent	☐ about the same	☐ very intense
How moody is your child?	☐ very easygoing	☐ about the same	☐ very changeable
How predictable is your child?	☐ unpredictable	☐ about the same	☐ rigid routines

Indicate if your child has had any of the following difficulties:

- ☐ Refuses to follow directions
- ☐ Aggression/fighting
- ☐ Cruelty to animals
- ☐ Destructive behavior/starts fires
- ☐ Withdrawn or keeps to self
- ☐ Extremely fearful or nervous
- ☐ Depressed or very unhappy
- ☐ Easily frustrated
- ☐ Cries easily or whines frequently
- ☐ Explosive outbursts or impulsive
- ☐ Stealing or lying
- ☐ Frequently complains of aches/pains

For any difficulties identified, give an example:

Does your child play with siblings or other children? ☐ Yes ☐ No (skip to next question)

Describe how your child plays with siblings or other children?

- ☐ plays near—not with—others (e.g., dolls, cars)
- ☐ plays together with others (e.g., chase/tag games)
- ☐ plays turn-taking games (e.g., hide-and-seek, hopscotch)
- ☐ plays games with rules (e.g., board games, sports)
- ☐ plays make-believe or role-playing games (e.g., playing house, cops and robbers, recreating scenes from movies)

Describe any additional concerns you have about your child's social-emotional development or behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

Form completed by _____ **Date completed** _____