

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height/Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Postal Code: \_\_\_\_\_\_\_\_

Home phone: Cell: Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's email:

Father's Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public/Private\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings Name & Ages/Grades: \_\_\_\_\_\_\_\_

Pet's & Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the primary language spoken at home and by your child? \_\_\_\_\_\_\_

Primary Care Physician’s name: Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_

What are your child's interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child's activities at home and after school (sports, music, acting)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your family play board games and if so what are your child's favorite? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developmental History**

Complicated Conception: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complicated Pregnancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complicated Delivery (Prematurity, C-section or stressful): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s weeks of development, weight & length at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the child require oxygen, feeding tubes or hospitalization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the child breast of bottle fed & how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain any other difficulties or special care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adopted? If so, describe the circumstances surrounding adoption, including the age at time of adoption. Is child aware of the adoption? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History & Present State of Functioning**

Diagnoses or surgeries since birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current concerns Age/Development: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Last:** | | Date: | | | Results/Explanation |
| Physical | |  | | |  |
| Hearing Check | |  | | |  |
| Vision Check | |  | | |  |
| **Specialist** | yes | | no | How Often and Why | |
| OT |  | |  |  | |
| PT |  | |  |  | |
| SLP |  | |  |  | |
| Behavior Therapy |  | |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are any of the following pertinent to your child? | yes | no | Please explain |
| Food or other Allergies |  |  |  |
| Gastrointestinal Problems |  |  |  |
| Foods, Dyes or Preservative Sensitivities |  |  |  |
| High Fevers, frequent Colds, Flu or Strep |  |  |  |
| Bronchitis or Pneumonia |  |  |  |
| Meningitis |  |  |  |
| Seizures |  |  |  |
| Ear Infections and or  Ear Tube Placement |  |  |  |
| Bipolar diagnosis or family history |  |  |  |
| Vision problems/concerns |  |  |  |
| Taking any Medications. Vitamins or supplements |  |  |  |

Other Illnesses/conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep patterns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **School & Accommodations** | yes | no | Please explain |
| Early Intervention is School |  |  |  |
| Gifted Program |  |  |  |
| In need of Support at School |  |  |  |
| Identified Learning Delays  or Family History Of |  |  |  |
| In Resource/Special Ed |  |  |  |
| 504 Accommodation Plan |  |  |  |
| IEP |  |  |  |
| Your Concerns |  |  |  |
| Teacher’s Concerns |  |  |  |

**Behavior/Sensory Concerns**

Participated in previous listening? (If yes, please detail program, duration & results)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child participate in age appropriate movement activities (jumping jacks, bike riding, skipping, & swimming)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill in whether your child is a **seeker, avoider or typical** in reference to the stimulus

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sensory** | S | A | T |  |
| Touch |  |  |  |  |
| Knows when hands/face is dirty |  |  |  |  |
| Notes on teeth, hair, face, nails |  |  |  |  |
| Notes on clothing/tags/shoes |  |  |  |  |
| Spinning & swinging |  |  |  |  |
| Jumping/body slamming |  |  |  |  |
| Can tell when body is talking to him/her (hungry, head hurts..) |  |  |  |  |
| Sudden/loud sounds |  |  |  |  |
| Personal space of self/others |  |  |  |  |
| Tries new things |  |  |  |  |
| Motion sickness |  |  |  |  |

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| --- | --- | --- | --- |
| **Developmental** | yes | no | Please explain |
| Met milestones on time |  |  |  |
| Crawled & at what age |  |  |  |
| Age first walked  Toe walker & for how long |  |  |  |
| In control over bladder, what age?  Bedwetting? |  |  |  |
| In control over bowels & at what age |  |  |  |
| Speech concerns |  |  |  |
| Communicates wants/needs |  |  |  |
| Hand preference |  |  |  |
| Has age appropriate hand writing |  |  |  |
| Has age appropriate scissor skills |  |  |  |
| Catches/throws ball |  |  |  |
| Kicks a moving ball |  |  |  |
| Recalls/follows basic rules |  |  |  |
| Recalls/follows morning/nighttime routines with 1-2 reminders |  |  |  |
| Can follow verbal directions:  1-2 steps  2-4 steps  4-6 steps |  |  |  |
| Knows right/left  Front/back  Inside/outside  On top/below |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Behavior** | yes | no | Please explain |
| Demeanor as an infant |  |  |  |
| Demeanor as a toddler |  |  |  |
| Behavior concerns |  |  |  |
| Has good self-confidence |  |  |  |
| Has good self-image |  |  |  |
| Attention/concentration concerns |  |  |  |
| Socializing Concerns |  |  |  |
| Age appropriate play skills |  |  |  |
| Transition well from one environment/activity |  |  |  |
| frequent, significant tantrums |  |  |  |
| Talks over others |  |  |  |
| Can wait to have needs/wants met |  |  |  |
| Keeps bedroom/play space age appropriately clean |  |  |  |
| Exhibits atypical behaviors |  |  |  |
| Chews on clothing or other non-edible items |  |  |  |
| Strengths |  |  |  |
| Weaknesses |  |  |  |

Fill in the applicable skill level **(Independent (I) or Needs Help (NH))** and any explanation for each skill:

|  |  |  |  |
| --- | --- | --- | --- |
| **Self-Care Skills** | I | NH |  |
| Toileting/wiping/flushing |  |  |  |
| Bathing/showering |  |  |  |
| Washes/rinses hair |  |  |  |
| Brushes/Combs hair |  |  |  |
| Brushing teeth |  |  |  |

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| --- | --- | --- | --- |
| **Dressing skills** | I | NH |  |
| Underwear |  |  |  |
| Shirt/Dress |  |  |  |
| Pants/Skirt |  |  |  |
| Socks |  |  |  |
| Shoes (takes on/off) |  |  |  |
| Tying Shoes |  |  |  |
| Buttons |  |  |  |
| Snaps |  |  |  |
| Zips/Unzips |  |  |  |
| Jacket (takes on/off) |  |  |  |
| Dresses in a timely manner |  |  |  |

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| --- | --- | --- | --- |
| **Feeding Skills** | I | NH |  |
| Any history of feeding issues |  |  |  |
| Use of cup & what kind |  |  |  |
| Use of spoon |  |  |  |
| Use of fork & knife |  |  |  |
| Can carry a plate/bowl of food to & from table |  |  |  |
| Is your child a picky eater |  |  |  |
| Eats a variety of textures |  |  |  |
| Wipes face/hands when dirty |  |  |  |
| Can sit through a meal/movie |  |  |  |
| Eats a variety of textures |  |  |  |

What are your top 4 goals?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s top 4 goals?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_