

DEVELOPMENTAL HISTORY

Child's Name _____ Birthday ____/____/____ Age ____yr ____ mo
 Grade _____ School's Name and Address: _____
 Teacher's Name _____
 Mother's Name _____ Occupation _____ Phone _____
 Father's Name _____ Occupation _____ Phone _____
 Mailing Address _____
 Who referred you to this clinic? _____ Number of children in family _____

I. Please state the major reason you would like your child examined:

II. Vision:

1. Headaches
2. Blurred distance vision
3. Blurred reading vision
4. Holds books closer than normal
5. Eyes hurt
6. Eyes tire
7. Double vision
8. Eye turn (crossed or wall-eyed)
9. Blinks excessively
10. Covers one eye while doing homework

Yes	No	Comments

III. School

1. Is your child having problems in school?
2. Does your child like the teacher?
3. Is school satisfied with child's performance?
4. Are you satisfied with child's performance?
5. Do grades really show his or her ability?
6. Is there trouble completing written assignments?
7. Does your child lose his or her place while reading?
8. Does your child misread words that are known?

IV. Behaviors: Please rate your child on the following items: (Place a number in the blank space to the left of the item, which best describes his/her school or home behavior).

1—Always 2—Frequently 3—Occasionally 4—Rarely 5—Never 6—Unknown

____ Hyperactive	____ Poor ability to organize work	____ Confusion following a series of verbal instructions
____ Easily distracted	____ Indistinct speech	____ Variable school performance from hour to hour/day to day
____ Short attention span	____ Awkward or clumsy	____ Reverses letters, words or numbers in reading
____ Easily frustrated	____ Poor peer group relationships	____ Reverses letters, words or numbers in writing
____ Impulsive	____ Behavior problems	____ Shows confusion about right or left
____ Easily fatigued	____ Emotional problems	____ Shows confusion about directional orientation

V. Physical Development: At what age in years and months did your child:

Speak words clearly _____ start to crawl _____ walk unaided _____
 - over -

Which phrase describes the child's physical maturity (please circle number)?

1—Physical immature
for age

2—Average physical
maturity for age

3—Advanced physical
maturity for age

VI. School Progress: Rate your child's progress in the following subjects:

1—Below Grade Level

2—Grade Level

3—Above Grade Level

___ Reading
___ Art

___ Spelling
___ Physical Education

___ Writing
___ Other? _____

___ Arithmetic

What specific type(s) of work is your child having trouble with? _____

Have other family members had difficulties learning any of the above subjects? No ___ Yes ___
If yes, state relationship to child and subjects: _____

Does your child have memory difficulties? No ___ Yes ___ If so, what type of information?

VII. General History: Is there a history of pregnancy or birth complications? No ___ Yes ___
If yes, please explain: _____

Has there been any severe childhood illness, high fever, injury or physical impairment? No ___ Yes ___
If yes, please explain: _____

Has your child received a hearing test? No ___ Yes ___ Date _____
Has a hearing or speech deficiency been previously diagnosed? No ___ Yes ___
If yes, please explain: _____

Has your child received a complete eye examination? No ___ Yes ___ Date _____
Has a visual problem been diagnosed? No ___ Yes ___
If yes, please explain: _____

Does your child have any allergies? No ___ Yes ___
If yes, please explain: _____

Is your child currently taking any medications or pills? No ___ Yes ___
If yes, please list the medications, their purposes, and duration: _____

Has your child previously taken medication for hyperactivity? No ___ Yes ___

VIII. Therapy: Has there been any previous therapy for learning difficulties or visual or speech problems?
No ___ Yes ___ If yes, please state the type of therapy, duration, and results: _____

Signature: _____ Date: _____
Relationship to child: _____
Comments: