

DEVELOPMENTAL HISTORY

Child's Name _____ Birthday ____/____/____
 Grade _____ Number of children in family _____
 Mothers Occupation _____ Fathers Occupation _____
 School Name _____ Teachers Name _____
 Major reason child needs to be examined: _____

Visual	Yes	No	Unknown
1. Headaches.....	_____	_____	_____
2. Closes one eye.....	_____	_____	_____
3. Tips head.....	_____	_____	_____
4. Holds book closer than normal.....	_____	_____	_____
5. Eyes hurt.....	_____	_____	_____
6. Eyes tire.....	_____	_____	_____
7. Squints.....	_____	_____	_____
8. Eye turn (crossed or wall-eyed).....	_____	_____	_____
9. Blinks excessively.....	_____	_____	_____
School			
1. Does child like school?	_____	_____	_____
2. Does child like teacher?	_____	_____	_____
3. Is the school satisfied with the child's performance?	_____	_____	_____
4. Has a grade been repeated	_____	_____	_____

Please rate this child on the following items. Place a number in the blank to the left of the item describing child's home or school behavior.
 1 – Always 2 – Frequently 3 – Occasionally 4 – Rarely 5 – Never 6 – Unknown

- | | |
|---|--|
| ___Hyperactive
___Indistinct speech
___Easily frustrated
___Impulsive
___Easily fatigued
___Confusion following a series of verbal instructions
___Reverse letters, words or numbers in reading
___Shows confusion about right, left or other directional orientations | ___Easily distracted
___Awkward or clumsy
___Poor peer group relationships
___Behavior problems
___Emotional problems
___Variable school performance (from hr to hr or day to day)
___reverse-letters, words or numbers in writing |
|---|--|

At what age in years and months did the child:
 Speak words clearly _____ Start to crawl _____ Walk unaided _____

Circle the number of the phrase that best describes the child's physical maturity:
 1 – Physically immature for age 2 – average physical maturity of age 3 – advanced physical maturity for age

Rate the child's progress in the following subjects. Place a number in the blank to the left of the subject describing child's progress
 1 – Below average 2 – Average 3 – Advanced

___Reading ___Spelling/Writing ___Arithmetic ___Drawing ___Physical education

- | | | |
|--|--------|-------|
| Is there a history of prenatal, delivery or post-natal birth complications? | ___Yes | ___No |
| Has there been any severe childhood illness, high fever, injury, or physical impairment? | ___Yes | ___No |
| Has the child received a hearing test? | ___Yes | ___No |
| Has a hearing or speech deficiency been previously diagnosed? | ___Yes | ___No |
| Does the child have any allergies? | ___Yes | ___No |
| Has the child previously taken medication for hyperactivity? | ___Yes | ___No |
| Has there been any therapy for a learning problem? | ___Yes | ___No |

*Explain any yes answers: _____

Signature _____

Date _____