

DEVELOPMENTAL HISTORY

Child's Name: _____

Date: _____ Date of Birth: _____

Family History

- Does your child have a learning difference? _____
- What indications do you see? _____
- Have other family members had learning differences? (Please state the relationship to your child and the kind of differences that were encountered.) _____

- Have there been any important events (e.g. moving, divorce, accidents, illnesses, deaths, etc.) in your family that have affected your child? _____

- What has been the most difficult adjustment in your child's life to date? _____

Medical History

- What operations, accidents, illnesses has your child had and at what age? Please describe the circumstances (e.g. hospitalization, visitation arrangements, child’s reaction and adjustments.)

- Does your child have a history of ear and/or upper respiratory infections? If so, please describe. _____

- Does your child have high fevers and/or seizures? If so, please describe. _____

- Has your child been diagnosed as ADD or ADHD? _____

- Does your child have any chronic conditions (e.g. allergies, asthma, epilepsy) that the school should know about? _____

- Is your child on any medication at the present time? If so, what medications? _____
