

Therapedia # _____

Developmental History

Give ages as near as possible:

 Rolled over _____; walked _____; sat alone _____;
 crawled on hands and knees _____; crawled- other type (age/describe) _____ / _____;
 talked (simple words) _____; talked (sentences) _____

Does your child use verbal communication to express wants/needs? _____sometimes _____always _____often
_____rarely _____never

Does your child seek out others in order to initiate communication or interaction? _____sometimes _____always
_____often _____rarely _____never

Does your child become frustrated when speech is difficult to understand or when unable to communicate? _____sometimes
_____always _____often _____rarely _____never

Check behaviors which describe your child as an infant:

- | | | |
|--|--|---|
| <input type="checkbox"/> cried a lot, fussy, irritable | <input type="checkbox"/> like being held | <input type="checkbox"/> tense when held |
| <input type="checkbox"/> good, non-demanding | <input type="checkbox"/> drooled excessively | <input type="checkbox"/> very active |
| <input type="checkbox"/> alert | <input type="checkbox"/> resisted being held | <input type="checkbox"/> good sleep patterns |
| <input type="checkbox"/> quiet or passive | <input type="checkbox"/> floppy when held | <input type="checkbox"/> irregular sleep patterns |

School Performance

Please describe your child's:

Relationship with teacher

Relationship with classmates

Areas of academic difficulty

Areas of most success or enjoyment

Does your child require adaptation in the classroom (describe)?

Parental concern

Please use the following space to share with us any other concerns/information that you feel we should know.

Signature of Parent

Date