EARLY CHILDHOOD HISTORY FORM

Dear ______________________________

We would appreciate your assistance in collecting information about your child as we begin the evaluation process. Feel free to add any additional information or comments that you feel are important.

Please return this form AND the signed Consent for Evaluation form to: ______________________________

Child's Last Name: ____________________ Child's First Name: ____________________

Birthdate: ____________ M/F ________ School District: ____________________

Child's Medicaid Number: ____________________

Parent/Guardian Name: ____________________ Cell Phone: ____________

Email: ____________________

Address: ____________________ City/Zip: ____________

Place of Employment: ____________________

Parent/Guardian Name: ____________________ Cell Phone: ____________

Email: ____________________

Address: ____________________ City/Zip: ____________

Place of Employment: ____________________

Child is presently living with:

- ☐ Biological Mother
- ☐ Biological Father
- ☐ Maternal Grandparent(s)
- ☐ Paternal Grandparent(s)
- ☐ Stepmother
- ☐ Stepfather
- ☐ Foster Mother
- ☐ Foster Father
- ☐ Adoptive Mother
- ☐ Adoptive Father

Other (Specify): ____________________ Language Spoken in the Home: ____________________

Best time(s) to contact parent/guardian by phone: ____________________

FAMILY

Mother's Name: ____________________ Phone: ____________

Email: ____________________

Occupation: ____________________ Place of Employment: ____________________

School: Highest grade completed: ____________________

Special Assistance in School? (ex.: tutoring, etc.) ____________________

Medical/Emotional Concerns: ____________________

Father's Name: ____________________ Phone: ____________

Email: ____________________

Occupation: ____________________ Place of Employment: ____________________

School: Highest grade completed: ____________________

Special Assistance in School? (ex.: tutoring, etc.) ____________________

Medical/Emotional Concerns: ____________________

LIST STUDENT'S BROTHERS AND/OR SISTERS

	Name	Age	Medical/Social/School Concerns
1			
2			
3			
4			

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EARLY CHILDHOOD HISTORY FORM

PREGNANCY/BIRTH MEDICAL HISTORY

Did the pregnancy go full term: ☐ YES ☐ NO Birth Weight: ____________

If no, how many weeks early? ____________

Were there any complications with this pregnancy? (e.g. infection, toxemia, hospitalization) ☐ YES ☐ NO

If yes, please describe: ____________

Were there any difficulties during/after the delivery? ____________

CHILD'S MEDICAL HISTORY

If your child's medical history includes any of the following, please write down the date when the incident or illness occurred and any other important information:

Childhood diseases (describe ages and any complication): ____________

____

Operations: ____________

Hospitalization for illness: ____________

Head/Major injuries: ____________ Coma: ____________

Respiratory and/or Cardiac difficulties: ____________ Frequent colds: ____________

Convulsions, seizures, epilepsy: ____________ Cytomegalovisrus (CMV): ____________

Persistent high fever: ____________

Tics: (i.e., eye blinking, sniffing, any repetitive, non purposeful movements): ____________

Ear Problems (i.e., ear infections): ____________ Tubes in ear(s): ____________

Allergies or Asthma: ____________

Any concerns about your child's vision? ____________ Any concerns about your child's hearing? ____________

Other: ____________

PRESENT MEDICAL CONDITIONS OF THE CHILD BEING REFERRED

Present illness for which the child is being treated: ____________

Medications child is taking on a regular schedule: ____________

Child's Doctor: ____________ Phone: ____________

Address: ____________ City/Zip: ____________

EARLY DEVELOPMENT

Activity Level- Describe your child's **PHYSICAL ACTIVITY LEVEL.** ☐ High ☐ Average ☐ Low

Explain: ____________

Distractibility- Describe your child's **ABILITY TO STAY ON TASK.** ☐ High ☐ Average ☐ Low

Explain: ____________

Adaptability- Describe how your child deals with the **SUDDEN CHANGES.** ☐ Good ☐ Average ☐ Low

Explain: ____________

Approach/Withdrawal- Describe your child's response to **NEW SITUATIONS.** ☐ Good ☐ Average ☐ Low

EARLY INTERVENTION OR PRESCHOOL HISTORY

Describe briefly any developmental/preschool concerns you are aware of: ____________

What has been attempted? Successful? ____________

Past Residences (Please list School Districts)	Special Services received
____________	____________
____________	____________

Do you have any additional concerns you would like addressed during the evaluation process? *Please Describe.*

____

____

If you have any questions of need assistance in completing this form, please call: ____________ *at*

Thank you for your assistance. ____________ ____________

District/Cooperative Staff *Date*

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