

Pershing County School District

Special Education Developmental Health History

Student Name: _____

Date _____

Family History

Who are the adults in the students home and how are they related to the student or each other? _____

Are there any brothers and sisters living with the student? yes no What are their ages? _____

• Has there been any stressful situations in the family (such as a serious illness, death, marital separation or divorce, _____
re marriage, financial problems, moving, new
sibling)? _____

• Do any FAMILY MEMBERS have any significant health conditions? If so, what? _____

• Is there any family history of learning problems (learning problems means: required tutoring, special education, speech class, repeated a grade, dropped out of school, hyperactivity or attention problems.) _____

Prenatal History

• How old was this student's mother when he/she was born? _____ Was the child premature or overdue? yes no

If yes, how much? _____ Did the mother have prenatal care before the baby was born? yes no

• Did she smoke while pregnant? yes no. If so, how much per day? _____

• Did she take drugs or medication while pregnant? no yes (this includes over-the-counter, prescription or illegal drugs)

• Were there any complications during the pregnancy? no yes (what kind?) _____

• Did she drink alcohol while pregnant? no yes (how much and for how long?) _____

Birth History

• Were there any complications with the labor or delivery? no yes (explain) _____

• What type of delivery was it? vaginal cesarean Birth weight: _____

• What was the baby's condition immediately after birth? _____

• Was the baby in the hospital longer than the mother? no yes (why?) _____

Developmental History

• Did the baby make eye contact right away? yes no. What age did she/he sit? _____

• What age did s/he crawl _____ walk _____ say single words _____ say sentences? _____

- What age was he/she toilet trained? Bladder _____ Bowel _____ Any bed wetting now? _____

Social History

- Child's hobbies or interests: _____
- Which of the following did your child attend?: (circle if attended) Pre school _____ Head start _____ Day Care _____
- How many different schools of each has your child attended: (number of schools) Ele m _____ Middle _____ Hi Sc hool _____
- Describe your child socially: (friendly, shy, withdrawn, talkative) _____
- Does he/she make friends easily or have difficulty making friends? _____
- Please describe the child's appetite: good fair poor
comments: _____

Name of person completing the form: _____ Relationship to child _____