

Developmental Status

Child's Name: _____ Date _____

Pregnancy & Delivery

Pregnancy was

- Full term
- Premature birth

Maternal complications

- Infection(s) (specify)
- Toxemia or eclampsia
- Operation(s) (specify)
- Other illness(es) (specify)
- Medications taken during pregnancy (specify):
- Frequent Alcohol consumption (specify):
- None

Type of delivery:

- Normal
- Breech
- Caesarean

Infant birth weight: _____

Infant complications:

- Early delivery (specify):
- Cord around neck
- Hemorrhage
- Infant injured during delivery
- Infant positive for cocaine or other substance (specify):
- None

Post-delivery problems

- Jaundice
- Needed oxygen
- Cyanosis (turned blue)
- Intensive care nursery
- Infection (specify):
- Cerebral bleed
- Seizures
- Congenital problems (specify):
- Other health complications (specify):
- None

Infancy & Toddler Period

Check each that apply

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Easy baby <input type="checkbox"/> Average baby <input type="checkbox"/> Difficult baby
 <input type="checkbox"/> Very active as infant and toddler <input type="checkbox"/> Average level of activity as infant and toddler <input type="checkbox"/> Not active as infant and toddler
 <input type="checkbox"/> Feeding problems <input type="checkbox"/> Enjoyed cuddling <input type="checkbox"/> Was not calmed by being held or stroked <input type="checkbox"/> Colicky <input type="checkbox"/> Sleep pattern difficulties and/or diminished sleep <input type="checkbox"/> Excessive restlessness | <ul style="list-style-type: none"> <input type="checkbox"/> More sociable than others <input type="checkbox"/> Average sociability <input type="checkbox"/> More unsociable than others
 <input type="checkbox"/> Very insistent when wanted something <input type="checkbox"/> Average insistence when wanted something <input type="checkbox"/> Not at all insistent when wanted something
 <input type="checkbox"/> Problems with responsiveness and alertness <input type="checkbox"/> Head banging <input type="checkbox"/> Frequent health problems <input type="checkbox"/> Constantly into everything <input type="checkbox"/> Frequent accidents compared to other children <input type="checkbox"/> Cheerful |
|---|--|

Developmental milestones

	early	on-time	late	not-yet
smiled.....				
sat without support.....				
crawled				
stood without support				
walked without assistance				
spoke first words				
said phrases				
said sentences				
bladder trained, day.....				
bladder trained, night				

	early	on-time	late	not-yet
bowel trained , day				
bowel trained, night.....				
rode tricycle				
rode bicycle.....				
buttoned clothing				
tied shoelaces				
named colors				
counted to 10				
said alphabet in order				
began to read				

Child's Cognitive & Educational Status

Child's level of intelligence in comparison to other children:

- below average
- average
- above average

How is your child functioning in school:

- not in school yet (go to next section)
- below average
- average
- above average

Has child ever had to repeat a grade?

- no
- yes, when?

Child is currently placed in a:

- regular class
- special class (specify):

Child is currently receiving special services and counseling:

- no
- yes (specify):

Child's teacher describes significant classroom problems:

- no
- yes (specify):

Other developmental issues or diagnoses:

Sibling & Peer Relationships

Child gets along with siblings:

- doesn't have any
- better than average
- average
- worse than average

How easily does the child make friends:

- easier than average
- average
- worse than average

Child seeks out friendships with peers:

- yes
- no

Child plays primarily with children who are:

- same age
- older
- younger

Child is sought out by peers for friendship:

- yes
- no

Describe the problems child has with peers:

Family Stress

Have any of the following stressful events occurred within the past 12 months?

- parents divorced or separated
- family accident or illness
- death in family
- parent changed job
- changed schools
- family moved
- family financial problems
- other (specify):