

Language(s) spoken in the home: _____

Other adults living in the home;

_____	_____	_____	_____
Name	Relationship	Name	Relationship

Other children living in the home:

Name _____	Age: _____	Relationship _____
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Name _____	Age: _____	Relationship _____
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Name _____	Age: _____	Relationship _____
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Name _____	Age: _____	Relationship _____
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BIRTH HISTORY

Were there any problems during pregnancy? Yes _____ No _____

If yes, please explain _____

Length of pregnancy: Full Term _____ Premature _____

How many weeks?

Type of delivery: Normal _____ Breech _____ Forceps _____ Caesarean _____

Birth Weight: _____ Baby's condition at birth: _____

Any complications during delivery? Yes _____ No _____

If yes, please explain: _____

Length of hospital stay: _____

Any complications during hospital stay? Yes _____ No _____

If yes, please explain: _____





CHILD'S DEVELOPMENT

Do you have concerns about your child's development? Yes _____ No _____

If yes, explain: _____

Is your child toilet trained? Yes _____ No _____ If yes, at what age did he/she train? _____

Does your child regularly drink from an open cup? Yes _____ No _____

If no, what does he/she use? _____

Did/does your child have frequent use of a pacifier? Yes _____ No _____

Does your child have a history of choking or difficulty swallowing? Yes _____ No _____

If yes, explain: _____

Has your child ever received special education services (including early childhood, speech therapy, occupational therapy, physical therapy)? Yes _____ No _____

If yes, please list:

Type of service	When	Where
-----------------	------	-------

Type of service	When	Where
-----------------	------	-------

Type of service	When	Where
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SPEECH AND LANGUAGE DEVELOPMENT

When did your child first use his/her first words meaningfully? _____

How does your child most frequently communicate with you? Check all that apply:

Sounds _____ Single Words _____ Phrases or Sentences _____ Gestures _____ Pointing _____

Leads to desired objects _____ Other (please describe) _____

How well is your child understood by others?

Parents Poor _____ Fair _____ Well _____

Siblings Poor _____ Fair _____ Well _____

Playmates Poor _____ Fair _____ Well _____

Does your child use at least 50 words? Yes _____ No _____ If no, how many words? _____

Is your child able to have a simple conversation with you? Yes _____ No _____



Does your child have difficulty understanding other's questions or following directions? Yes _____ No _____

If yes, when have you observed this? _____

If your child has difficulty understanding or communicating, how does he/she react to this difficulty?

What has been the general course of communication difficulty?

Getting better _____ Remained the same _____ Getting worse _____

CHILD'S BEHAVIOR

What are your child's favorite activities or toys? _____

Is your child able to play by himself/herself for a short time? Yes ___ No ___

Does your child like to play with other children? Yes ___ No ___

Please describe any frequent behavior problems that you may have with your child: _____

What are your child's strengths? _____

FAMILY HISTORY

Is there a family history of speech, language or learning problems? Yes ___ No ___

If yes, please describe the type of problem and who had the problem: _____



DAYCARE AND PRESCHOOL HISTORY

If your child attends a **daycare**, please answer the following:

Type: Public _____ Private _____ Home _____ Family Member's Home _____

Name of Daycare: _____

Address: _____

Telephone Number: _____

Contact Person: _____

How many days and hours does your child attend daycare? _____ days per week, _____ hours per day.

Has the daycare provider expressed any concerns about your child? Yes ___ No ___

If yes, please explain: _____

If your child attends **preschool**, please answer the following:

Type: Public _____ Private _____ Home _____

Name of Preschool: _____

Address: _____

Telephone Number: _____

Contact Person: _____

How many days and hours does your child attend preschool? _____ days per week, _____ hours per day.

Have the preschool teachers expressed any concerns about your child? Yes ___ No ___

If yes, please explain: _____

Has your child recently changed daycare or preschool settings? Yes ___ No ___

If yes, please explain: _____

Is there anything else you would like the assessment team to know about your child or family? _____

Culture



It is important to Colonial School District staff members to be respectful to and understanding of all of our families. Please answer the following cultural questions so that we may understand and support your child and your family.

List any special holidays, customs, or celebrations that are important to your child or your family:

List any food items that your child or your family does not eat due to cultural or religious reasons:

List any religious or cultural beliefs that your family has or any information that you would like to share to help our staff better understand your culture and beliefs: _____

List all languages your child is learning or exposed to in the home: _____
