# Health and Developmental Questionnaire

The following is a detailed questionnaire of your child's development, medical history, and current functioning at home and at school. Please be complete and accurate, it will help us to better understand your child's needs.

## Student Information

Name: _____ Age: _____ Birth Date: _____

Gender: ☐Male ☐Female ☐ Other: _____

What language is used most frequently at home? _____

### Family Background Information

| **Parents** | **Lives With Student** | **Name** | | **Lives With Student** | **Name** |
|---|---|---|---|---|---|
| Father | Yes ☐ No ☐ | | Mother | Yes ☐ No ☐ | |
| Step Father | Yes ☐ No ☐ | | Step Mother | Yes ☐ No ☐ | |
| Others? | Relationship? | | Others? | Relationship? | |

## Medical History

Please mark ☑ for all that apply.

☐Speech/Language Disorder ☐Intellectual Disability ☐Autism Spectrum

☐Attention Deficit-Hyperactivity ☐Depressive Disorder ☐Anxiety Disorder

☐Learning Disability ☐Seizures ☐ Other: _____

☐Behavior Problems:_____

☐ Physical Disability: _____

## Academic Skills

Please mark ☑ if the following applies to your child.

☐ Solves age-appropriate math problems ☐ Uses age-appropriate spelling

☐ Reads at grade level ☐ Reads at a good speed ☐ Comprehends reading

## Communication Development

Please mark ☑ if the following applies to your child.

☐ Can carry on a conversation ☐ Pronounces words clearly ☐ Easily understood

☐ Uses appropriate vocabulary ☐ Takes turns in conversation ☐ Follows verbal directions

☐ Can express wants/needs ☐ Can expresses thoughts/ideas ☐ Answers questions

## Physical Development

Please mark ☑ if the following applies to your child.

☐ Completely potty trained ☐ Handles hygiene/bathroom needs ☐ Dresses themselves

☐ Walks/runs smoothly ☐ Can use play structures ☐ Plays basic sports

## Social-Emotional-Behavioral Status

Please mark ☑ if the following applies to your child.

☐ Has difficulty making friends ☐ Has low self-esteem ☐ Often Irritable/Moody

☐ Often anxious/worried ☐ Often sad/depressed ☐Often irritated/moody

☐ Difficulty following instructions and rules ☐ Has anger issues

☐ Trouble managing setbacks ☐ Frequently argues ☐ Gets into physical fights

## Health and Medical Information

Please mark ☑ for each condition

☐Frequent colds ☐High fevers ☐Chronic ear infections ☐Seizures

☐ Tubes in ears ☐Asthma ☐ Wears glasses ☐ Wears hearing Aids

☐Surgeries: _____

☐ Daily required medications and dosages:

_____

_____

☐Allergies:

Meds: _____

Environmental: _____

Food: _____

☐Other Health Concerns: _____

_____

## Student Strengths and Interests

Please mark ☑ for each of your child's strengths

☐ Honest/trustworthy ☐ Caring/kind ☐ Empathetic ☐ Hardworking

☐ Resilient ☐ Independent ☐ Cooperative ☐ Curious

☐ Sense of humor ☐ Creative ☐ Helps others ☐ Problem solver

☐ Likes to learn ☐ Persistent ☐ Good Leader ☐ Enthusiastic

Other strengths: _____

_____

Please mark ☑ for each of your child's interests

☐ Video games ☐ Sports ☐ TV and movies ☐ Reading

☐ Talking with friends ☐ Art ☐ Music ☐ Being outdoors

☐ Cooking ☐ Comics/Graphic Novels ☐ Technology

Other interests: _____

_____

**Form completed by: _____ Date: _____**