DEVELOPMENTAL HISTORY

Please complete both the front and back of this form. The information you provide will give us a better understanding of your child. This information will become a part of your child's confidential school record.

Form Completed by: _____

Relationship to the child: _____

Date Completed: _____

FDLRS-CHILD FIND
4124 Boulevard Center Drive
Jacksonville, FL 32207
PH# (904) 346-4601
FAX (904) 346-4611

1. FAMILY INFORMATION

Child's Legal Name: _____
First *Middle* *Last*

Address: _____
City *State* *Zip*

Place of Birth: _____ Date of Birth: _____ Age: _____ Gender: Select Ethnicity: Select

Mother's Name: _____ Age: _____ Occupation: _____

Father's Name: _____ Age: _____ Occupation: _____

Mother's Home phone: _____ Work phone: _____
Cell Phone: _____ Email address: _____

Father's (if different) Home phone: _____ Work phone: _____
Cell Phone: _____ Email address: _____

In an emergency, contact: _____ **At this number:** _____

Does the child live with both parents? Yes ☐ No ☐ If No, who should be contacted? _____

Does this person have legal guardianship? Yes ☐ No ☐ _____

Names of others living in the home (for children include age)
Adults: _____
Children: _____

2. BIRTH/MEDICAL HISTORY

Child's birth weight: _____ Months carried: _____ Delivery Type: Caesarean Normal

Mother's health during pregnancy: _____

Birth complications: _____

Where does your child receive medical care? _____

Is your child taking any medications at this time? Yes No If Yes, please explain… _____

Has your child had any of the following problems? Check all that apply.

☐ Seizures	☐ Hearing Problems	☐ Physical Impairment	☐ Sleep difficulties	☐ Avoids eye contact
☐ Allergies	☐ Vision Problems	☐ Clumsy	☐ Frequent tantrums	☐ Problems with toilet
☐ High Fevers	☐ Major Illnesses	☐ Overly active	☐ Eating difficulties	☐ Problems with peer relationships
☐ Ear Infections	☐ Hospitalizations	☐ Falls frequently	☐ Withdraws from	

If so, please explain… _____

3. PRIMARY LANGUAGE SURVEY

Please list ***all languages*** spoken in the home? _____

Which of these languages does your child ***understand best***? _____

Which of these languages does your child ***use the most to talk***? _____

4. CHILD'S DEVELOPMENT

How do you view your child's development compared to other children the same age? _____

_____

My main ***concern(s)*** for my child is/are_____

My child's ***strengths*** or things he/she likes are_____

My child's ***weaknesses*** or things he/she doesn't like are_____

Give the approximate age at which the child first did the following:

_____ Sat	_____ Crawled	_____ Walked
_____ Babbled	_____ Spoke in single words	_____ Spoke in sentences
_____ Self-Feeding	_____ Self-Dressing	_____ Toilet-Trained

Describe your child's communication in your own words: _____

What efforts have the family made to improve speech/language skills? _____

_____

Please check all that apply.

My child…	**My child…**	**My child is using words consistently and he/she…**	
☐ Points to named items	☐ Uses 50-100 words	☐ Is difficult for me to understand	☐ Stutters
☐ Follows 1-2 step directions	☐ Asks questions	☐ Is difficult for others to understand	☐ Avoids talking
☐ Responds to Y/N questions	☐ Uses 3-5 word phrases	☐ Changes/substitutes sounds	
☐ Responds to wh- questions	☐ Uses words to socialize	☐ Leaves out sounds/syllables/words	

5. OTHER INFORMATION

Is your child currently enrolled in a Child Care Center/Preschool? Yes No If Yes, complete the following:

Center Name: _____ Contact Name: _____

Center Address: _____ Contact Number: _____

Does your child receive any of the following services? Check all that apply.

☐ Speech-Language Therapy: Name & number of provider _____

☐ Occupational Therapy: Name & number of provider _____

☐ Physical Therapy: Name & number of provider _____

☐ Early Intervention Services: Name & number of provider _____

Please list other agencies that *are now* or *have ever been involved* with your child:

_____

_____

If your child has a caseworker, please provide the following:

Name _____ **Phone** _____ **Organization** _____