

# RUSH COUNTY SCHOOLS

## Developmental History Form

2012-2013 School Year

**Instructions:** Please complete the questions on this form to the best of your knowledge. This information will enable school personnel to consider out of school factors when determining your child's educational needs. If there are any questions you do not wish to answer, please feel free to leave them blank. However, please include any information you think will help us understand your child. Thank you for your cooperation.

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

School \_\_\_\_\_ Grade for 12-13 \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Pregnancy/Birth History

Age of mother at time of child's birth \_\_\_\_\_ Is the child adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of doctor who delivered this child \_\_\_\_\_ Birth Weight \_\_\_\_\_ lbs. \_\_\_\_ oz.

Complications during pregnancy \_\_\_\_\_

During pregnancy, was mother on medication? \_\_\_\_\_ Yes \_\_\_\_\_ No Kind \_\_\_\_\_

During pregnancy, did mother: smoke? \_\_\_\_\_ drink alcoholic beverages? \_\_\_\_\_ use drugs? \_\_\_\_\_

Was this baby premature? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many weeks early? \_\_\_\_\_

Was this a normal birth? \_\_\_\_\_ Yes \_\_\_\_\_ No Breech birth? \_\_\_\_\_ Yes \_\_\_\_\_ No

Caesarean birth? \_\_\_\_\_ Yes \_\_\_\_\_ No

Condition of baby at birth? \_\_\_\_\_ Normal \_\_\_\_\_ Difficulty Breathing \_\_\_\_\_ Incubator Required

\_\_\_\_\_ Birth Defects, Explain \_\_\_\_\_

\_\_\_\_\_ Injuries at birth, Explain \_\_\_\_\_

### Developmental History

Explain any unusual medical attentions or hospitalizations required during the first six months \_\_\_\_\_

Child's Activity Level \_\_\_\_\_ Overly Active \_\_\_\_\_ Normally Active \_\_\_\_\_ Under Active

Did the child crawl? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, at what age? \_\_\_\_\_

Age Sitting \_\_\_\_\_ Age Walking \_\_\_\_\_ Age toilet trained \_\_\_\_\_

Age Talking Words \_\_\_\_\_ Age Talking Sentences \_\_\_\_\_

When did the child begin to use the right or left hand consistently? \_\_\_\_\_ Which hand is preferred now? \_\_\_\_\_

Can the child use one hand as well as the other? \_\_\_\_\_

Does the child perform inconsistently? Example: Can the child button one day and seem not to be able to the next? \_\_\_\_\_

Does the child enjoy using his/her hands with activities such as cutting, coloring, working puzzles, and building with blocks, legos, etc.? \_\_\_\_\_

Is the child easily distracted by noises and movements when watching TV? \_\_\_\_\_

After the child has been fed and rested, does misbehavior occur often for no apparent reason? \_\_\_\_\_

### Family Information

Marital status of parents: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

\_\_\_\_\_ Never Married (Residing Together) \_\_\_\_\_ Never Married (Not Residing Together)

Other: \_\_\_\_\_

