Atlanta Public Schools
DEVELOPMENTAL HISTORY FORM

Dear Parents/Guardians:

As part of our work with your child, we would like to better understand his/her developmental history and any other relevant information that you are willing to share with the evaluation team. Parent involvement is extremely important to us and we find that it is helpful to understand the child from the person who knows him/her best: You!

Thank you in advance for your cooperation and please let us know how we can support you and your child. Please return this form in the envelope provided, no later than ____________

Do you need help completing this form? Please contact your school's social worker.

Student____DOB__________________School________________________

Address____City __________________Zip___________________________

Home Phone_______________________________ Parent's E-mail Address _________________________________

Parent's Cell Phone _________________________ Can we contact you via text messages? Yes ( ) No ( )

Primary language spoken at home __________________ Other languages spoken in the home ______________________

Language child prefers/ speaks and understands better _______________________

What, if any, concerns do you have regarding your child's academic skills, social skills, behavior, or emotional functioning?
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Family Information

Parent/Guardian Names ________________________________ ________________________________

Step-Parent/Guardian (if living with student) ________________________________

Person completing form___________________________Relationship to child___________________________________

With whom does the child live? Please check all that apply:

☐	Birth parents	☐	Grandparents	☐	Foster parents
☐	Other				

Additional information about biological parents or others we should know: _____________________________________
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____

How many children live in your household? _______ How many adults live in your home? _______

Birth History

Was the child born full term ? Yes ( ) No ( ) Length of Pregnancy ___________________
Birth weight: ___lbs. __ oz.

Please check any difficulties during the mother's pregnancy or the child's birth:

☐	Breathing Problems	☐	High Blood Pressure	☐	Parent Drug Use
☐	Toxemia	☐	Jaundice	☐	Medically fragile infant
☐	Drugs used during pregnancy	☐	Alcohol used during pregnancy	☐	Tobacco used during pregnancy
☐	Preeclampsia	☐	Gestational Diabetes	☐	Parent Experienced Physical Abuse
☐	Other/Explain:____				

Postnatal and Infancy History

Check all the following that your child experienced as an infant or toddler:

☐	Feeding Problems	☐	Lack of alertness/responsiveness	☐	Illness/hospitalization
☐	Colic	☐	Did not enjoy cuddling	☐	Was not easily calmed
☐	Sleeping Difficulties	☐	Other: ____________________________________		

When did your child achieve these milestones?

	Early	Typical	Late/Delayed
Crawled (typically achieved 7-10 mos.)			
Walked (typically achieved 12-15 mos.)			
First words (typically achieved 7-12 mos.)			
Spoke in simple sentences (typically achieved 18-24 mos.)			
Toilet trained (typically achieved 24-36 mos.)			

Did your child experience any problems in growth and/or development during their first few years? Yes ( ) No ( )
If yes, please explain.

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Medical History

Has your child been prescribed: Glasses Yes ( ) No ( ) Hearing Aids Yes ( ) No ( )

Has your child ever been hospitalized or have any medical, behavioral or emotional conditions? Yes ( ) No ( )
If yes, Please explain ____

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Has your child been diagnosed with any medical or mental health disorders (ADHD, Anxiety, etc.)? Yes ( ) No ( )

If yes, what has your child been diagnosed with ____

____

Please list any known allergies: ____

Has your child experienced any major accidents/injuries/illnesses? Please explain ___________________________________
____

Has your child ever been evaluated in a clinic (or school) for any emotional, behavioral or learning difficulties? ________
____

Please list any medication(s) your child is currently taking: ____
____

Communication

Does your child use words to communicate? Yes ( ) No ( )
If "yes", does the child communicate in: Words? ______ Phrases? ____ Sentences? _____

Do people outside of your immediate family have difficulty understanding your child's speech? Yes ( ) No ( )

Did your child's speech appear to develop and then stop? Yes ( ) No ( )
If yes, at what age did speech stop? _________________________

Does your child:

Stutter or stammer (get stuck on words)?	Yes	No
Have difficulty pronouncing words correctly?	Yes	No
Follow simple directions?	Yes	No
Answer simple who, what, where, and why questions?	Yes	No
Answer simple yes/no questions?	Yes	No
Tell stories that remain on topic?	Yes	No
Repeat words and phrases out of context (randomly)?	Yes	No
Have difficulty understanding when others are joking and/or using sarcasm	Yes	No

School History

Did your child attend preschool? Yes ( ) No ( )
If yes, what is the name of the preschool? ____

How many schools did your child attend during:

Elementary school (K-5)? _______ Middle school (6-8)? _______ High school (9-12)? _______

Does your child have difficulty/ problems with (Check all that apply): Reading ( ) Math ( ) Writing ( )

Has your child ever been retained/held back a grade? __________ If so, which grade? ___________

Has your child ever received special or remedial services? _____ If yes, describe: __________________________________

Please describe your concerns regarding your child's academic skills. If you do not have any concerns, please write "N/A"
____
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____

About how much time is your child spending on homework per night ? ______________________

Please rate the child's behavior for each item below regarding homework performance:

	Never	Sometimes	Often	Always
Leaves necessary homework materials at school				
Does not know what the assignments are				
Lies about having completed homework at school				
Needs many reminders to begin homework				
Needs constant supervision to remain on task				
Argues or complains				
Becomes frustrated easily				
Rushes through assignments, making careless mistakes				
Fails to submit work to teacher				

Social History

Please check the following positive attributes that describe your child.

- ☐ Cheerful disposition
- ☐ Curious/ eager to learn
- ☐ Likes school
- ☐ Feels successful in school
- ☐ Enjoys reading
- ☐ Enjoys math
- ☐ Enjoys science
- ☐ Enjoys social studies
- ☐ Enjoys writing
- ☐ Enjoys art/creative
- ☐ Athletic
- ☐ Works well with others
- ☐ Considerate of other
- ☐ Good eye contact
- ☐ Can hold a conversation
- ☐ Encourages others
- ☐ Respectful/Polite
- ☐ Can make & keep friends
- ☐ Confident
- ☐ Resourceful
- ☐ Hard working
- ☐ Does not give up easily
- ☐ Bounces back from setbacks
- ☐ Challenges him/herself
- ☐ Has personal goals
- ☐ Adjusts well to change
- ☐ Independent Problem solver
- ☐ Has personal goals
- ☐ Can delay gratification
- ☐ Good sense of humor
- ☐ Other____

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Please check any of the following problematic behaviors that your child demonstrates:

- ☐ Short attention span
- ☐ Loses items easily
- ☐ Doesn't follow directions
- ☐ Disorganized
- ☐ Forgetful
- ☐ Fidgety or restless
- ☐ Impulsive
- ☐ Seems overly energetic
- ☐ Lacks patience
- ☐ Easily frustrated
- ☐ Immature
- ☐ Does not respond to or exhibit affection
- ☐ Does not adjust well to change
- ☐ Lacks self-control
- ☐ Irritable
- ☐ Plays or sets fires
- ☐ Oppositional
- ☐ Destroys property
- ☐ Lies often
- ☐ Controlling
- ☐ Difficulty controlling anger
- ☐ Steals
- ☐ Aggressive
- ☐ Cruel to animals
- ☐ Shows little emotional response
- ☐ Difficulty making & keeping friends
- ☐ Cries easily
- ☐ Low energy level
- ☐ Lacks motivation
- ☐ Nervous/anxious
- ☐ Poor self esteem
- ☐ Inappropriate fears
- ☐ Withdrawn
- ☐ Sleep problems
- ☐ Has threatened suicide
- ☐ Moody
- ☐ Self injures
- ☐ Overreacts
- ☐ Other____

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Has your child experienced or observed the following? Check all that apply.

- ☐ Natural Disaster (fire, earthquake, etc.)
- ☐ Serious or Sustained Bullying
- ☐ Observed Violence
- ☐ Death of Close Relative or Friend
- ☐ Abuse
- ☐ Incarceration of Close Family Member
- ☐ Painful or Scary Illness or Medical Emergency
- ☐ Involvement with the Foster Care System
- ☐ Homelessness

If **yes** to any of the above, please explain**:**

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Motor

Does your child:

Have difficulty walking or running without assistance?	Yes	No
Have difficulty with coordination/seem clumsy?	Yes	No
Require a cane, stints, or a wheelchair?	Yes	No
Have difficulty picking up small objects?	Yes	No
Have difficulty writing or drawing?	Yes	No

If **yes** to any of the above, please explain:

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____

Adaptive

Does your child/Is your child able to:

Complete personal grooming and daily hygiene tasks independently (bathing, brushing teeth, getting dressed) ?	Yes	No
Independently take care of their toileting needs (including undressing, cleaning, redressing, and washing hands)?		
Accurately state their first and last name, address, and phone numbers?	Yes	No
Demonstrate appropriate eating habits?	Yes	No
Pick up small objects?	Yes	No

If **no** to any of the above, please explain:

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Sensory

Is your child/Does your child:

Overly sensitive to sounds or smells?	Yes	No
Overly sensitive to clothing or tags?	Yes	No
Overly sensitive when touching/or being touched by certain textures?	Yes	No
Seek out opportunities to feel pressure (tight hugs, wrestling, etc.)?	Yes	No
Seek out opportunities to rub on certain textures?	Yes	No
Watch/stare at lights, ceiling fans, or other objects with moving parts?	Yes	No
A picky/finicky eater?	Yes	No

If **yes** to any of the above, please explain:

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If you wish to add additional information, please add it below or attach it to this form.

____

____

____

____

Parent/Guardian's Signature: ___________________________Date: ____________________

Print Name: ____

Person completing the form other than parent/guardian:

Signature: _________________________________ Relationship: ______________________

Print Name: ____

Thank you for taking the time to complete this form.