

NORWELL PUBLIC SCHOOLS
Developmental/Family History
Pre-School Evaluation

Student Name _____ M/F (circle one) Date _____
 Address _____ Telephone _____
 Date of Birth _____ Birthplace _____ Home language _____
 School _____ Interviewer _____

Family Data *including all members of immediate family, even if not living in the household, or deceased*

Name	DoB/Age	Relation	Health	Occupation/Grade

Other family/extended family members who have experienced:

- Academic, behavioral or other learning problems _____
- _____
- Neurological, emotional disorders, seizures, etc. _____
- _____

Birth History

Pregnancy, birth and neo-natal course *health problems, complications, etc.* _____

Which pregnancy(1st, 2nd, etc.)? _____

Birth weight _____

Early Developmental History

Feeding *bottle/breast – duration, preferences, behaviors, habits etc.* _____

Sleep Patterns *sound, resistant, nightmares, etc.* _____

Style, as infant *placid, cuddly, irritable, active, etc.* _____

Early care/relationships *with siblings, nanny, day care, etc.* _____

Developmental Milestones

	Age attained	Anything notable/unusual
Used single words		
Used full sentences		

Sat without support		
Crawled		
Walked without support		
Toilet trained-day/night		
Rode a tricycle/bicycle		
Other		

Health History

Serious illnesses, accidents, injuries, handicaps _____

Chronic medical conditions *headaches, stomach aches, ear infections, asthma, etc.* _____

Regular medications _____

Repetitive thoughts/behaviors, worries, tantrums _____

Significant environmental experiences *prolonged/traumatic separations, losses, moves, family changes*

Date of last complete physical exam _____

Development of Socialization Skills

Current relationships with children and adults *within the family*

Current relationships with children and adults *outside family including school setting*

Activities child enjoys, talents, hobbies, interests _____

Parent View of the Present Situation

Child's Strengths: _____

Concerns that led to referral _____

Expectations *for what this evaluation will accomplish or provide answers to* _____

Any previous evaluations child has undergone _____

Any other information that will help us to work more effectively with him/her: _____

Interviewer signature_____

Date_____