



**Washington County School District
Developmental History**

121 West Tabernacle Street
St. George, UT 84770

STUDENT'S FULL NAME			FATHER'S TYPE OF WORK _____
			MOTHER'S TYPE OF WORK _____
			THIS FORM FILLED OUT BY: (print your full name) _____
STUDENT'S GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	STUDENT'S AGE	GRADE IN SCHOOL _____ <input type="checkbox"/> NOT ATTENDING SCHOOL	Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
STUDENT'S BIRTHDAY Mo Day Year		TODAY'S DATE Mo Day Year	Your relation to the student: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (specify)

Your answers to the questions below will be helpful in planning your child's school program. Only authorized school personnel working with your child will review your answers.

Please explain all YES answers briefly. Write on back of form or on separate paper if necessary.

- | | | | |
|-----|--------------------------|--------------------------|---|
| | Yes | No | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Were there any unusual pregnancy, labor, or delivery problems with your child? _____
_____ |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had any history of high fevers, convulsions, injuries or long-lasting illnesses? _____ |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been on medication? _____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Is your child presently on medication? _____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any hearing, vision, or speech problems? Any physically handicapping condition? _____
_____ |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel that your child might be less active than most children? _____
_____ |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel that your child might be more active than most children? _____ |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Did your child have difficulty learning to walk, hop, skip, or ride a bike? _____
_____ |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child missed more than 25 days in one school year? _____ |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you noticed any difficulty at home with your child learning or remembering? _____
_____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty understanding and following instructions? _____
_____ |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty getting along well with his/her brothers and sisters? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty getting along well with children in the neighborhood? _____
_____ |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty completing and handing in homework that is well within his/her ability? _____ |

Yes No

15. Do you know of issues changes which could be affecting your child? _____

16. Have there been any behavior problems at home? At school? In the neighborhood? _____

17. Does your child receive special education or remedial services or attend a special class? _____

18. Have you ever had any help for your child from any community or private agency such as a hospital, mental health agency, etc? _____

19. Has your child repeated any grades? Grades and reasons: _____

20. Is there any language other than English spoken in your home? _____

	Below Average	Average	Above Average
How well does your child understand this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well does your child speak this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. At what age did your child begin to use single words? _____

22. At what age did your child begin to talk in short sentences? _____

23. At what age did your child walk alone? _____

<i>Check a box for each subject that your child takes</i>	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. How would you describe your child's behavior?

<input type="checkbox"/> Friendly	<input type="checkbox"/> Shy
<input type="checkbox"/> Demanding	<input type="checkbox"/> Follower
<input type="checkbox"/> Leader	<input type="checkbox"/> Other _____

26. What concerns you most about your child?

27. Please describe the best things about your child.