

Learning, Behavior and Developmental Questionnaire

Date

/ /

MM DD YYYY

Name *

First Last

Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number *

- -

###

Email *

Past Medical History

Medical Allergies: *

Medical History:

Surgical History:

Social History:

Parents

- Married
 Divorced
 Separated

Number of Siblings and Ages:

Family History:

Please list any disease in siblings or parents.

Current Rx & Doses:

Current Supplements:

Current Diet:

Vaccine History

Up to Date

Please list any symptoms if any after vaccination.

Illness History under age 3: Please list type of illness and frequency.

Illness History after age 3: Please list type of illness and frequency.

Current Diagnosis:

Date

/ /

MM DD YYYY

Screening Tool used:

Please select each statement that applies to your child.

- Child has poor gross motor skills (may have had difficulty learning to ride a bike or learning to skip).
- Student exhibits difficulty remaining seated for meals.
- Child doesn't like to touch things with their hands.
- Does not derive pleasure from eating, or may hate eating and not particular to sweets.
- Child has difficulty expressing emotions.
- Child seems to be tense and doesn't appear to be happy often.
- Child is argumentative (oppositional behavior). Child tends to be uncooperative, tendency to say no.
- Child has difficulty forming friendships. Other children do not call the house to play.
- Student is very analytical (processes ideas sequentially, step by step).
- Talks "in-your-face" (space invader).
- The child's behavior is very erratic: good one day, bad the next.
- Child craves certain foods, especially dairy and wheat products.
- Child has fine motor problems (poor or slow handwriting).
- Child has difficulty getting dressed independently.
- Poor auditory processing.
- Student lacks motivation especially in regards to school and homework but not for things they enjoy.
- Student is withdrawn and shy with people they don't know.
- Child feels as if he is stupid or has poor self-esteem.
- Child hates doing homework.
- Child appears to be prepared for test, yet test poorly.
- Child needs to hear or see concepts many times in order to learn them.
- Child has difficulty pronouncing words (poor with phonics).
- Child tends to exhibit task avoidance especially with academics.
- Catches colds frequently.

Educational History

Name of School

IEP in Place?

- Yes
 No

McKay Scholarship?

- Yes
 No

Age when first noted developmental concerns:

History of regression:

- Yes
 No

Triggers for regression?

Gross motor Delay Noted?

- Sitting Up
 Rolling Over
 Walking

Fine motor delay noted?

- Pinching
 Holding toys with one hand
 Grasping

Sensory Integration History?

- Overly Sensitive to lights
 Overly Sensitive to sound
 Overly Sensitive to textures

Social/Interaction History: Any problems with peer interactions?

Therapeutic Intervention history? Including current therapies:

Current Developmental Difficulties

Are any of these areas currently of concern and if so please explain.

Gross Motor

Fine Motor

Sensory

Speech/Language

Conversation

Life Style

Electronics: Number of hours per week:

TV/Computer/Electronics in room

- Yes
 No

Current Social Interaction Problems?

Behavior Problems?

Sleep Patterns:

Favorite Activity:

Mood Problems?

- Anxiety
 OCD
 Other:

Pain Tolerance:

- High
 Low
 Normal

Biggest Parental Concerns:

Biomedical Interventions

Have these ever been used in a therapeutic manner?

Nutrition/Diet

Supplements:

Other:

Email

Attach a File

no file selected