



Mammoth – San Manuel Public Schools Developmental & Health History Form

(Last modified 11/2002)

Today's Date: _____

List all people living in the student's home:

Student Information

Student's Name _____

Date of Birth: _____ Age: _____

Sex: Male Female

Race / Ethnicity: _____

School: _____ Grade: _____

Teacher: _____

Mailing Address: _____

Physical Address _____

Home Phone No. _____

Message Phone No. _____

Parent Information

Mother's Name: _____

Occupation: _____

Education: _____

Father's Name: _____

Occupation: _____

Education: _____

Parent's Marital Status:

Single Married
 Widowed* Separated* Divorced*

*If widowed, separated, or divorced, what was your child's age when this took place? _____

Child is currently living with (check all that apply)?

Mother Father
 Stepmother Stepfather
 Grandmother Grandfather
 Foster Parent Other _____

Name Age Relationship

Educational History

List all schools your child has attended:

School State Grades/Year

Has your child ever been retained?

Yes No If yes, what grade? _____

Has he or she ever been tested for Special Education?

Yes No If yes, what grade? _____

Is your child currently in a Special Education Program?

Yes No If yes, what disability?

- Preschool Developmental Delay
- Mental Retardation or Multiple Disabilities
- Learning Disabled in Reading, Writing, or Math
- Deaf or Hard of Hearing
- Blind or Visually Impaired
- Orthopedic Impairment
- Other Health Impairment
- Emotionally Disabled
- Other

When does your child do his/her homework?

- Never or Rarely
- Right after school
- Right after dinner
- Right before school

Do you check your child's homework for accuracy?

Yes No

Pregnancy & Complications

Did you experience an accident, injury, or disease while pregnant? []Yes []No

Headaches? []Yes []No _____

High Blood Pressure? []Yes []No _____

Blurred Vision? []Yes []No _____

Did you experience other complications?

Explain: _____

Did you take prenatal vitamins? []Yes []No

Did you take medications? []Yes []No

Explain: _____

Did you use illegal drugs? []Yes []No

Explain: _____

How much alcohol did you drink *per MONTH*?

- | | |
|--------------|----------------------|
| []None | []1 glass |
| []2 glasses | []3 glasses |
| []4 glasses | []5 glasses or more |

How many cigarettes did you smoke *per DAY*?

- | | |
|------------------|-----------------------|
| []None | []Less than 1/2 pack |
| []1/2 to 1 pack | []More than 1 pack |

How long was the pregnancy?

- | |
|------------------------|
| [] Less than 36 weeks |
| [] 37 to 40 weeks |
| [] 41 to 42 weeks |

What was your child's birth weight?

- | |
|----------------------------|
| [] 3 lbs. to 5 lbs. 15 oz |
| [] 6 lbs. to 8 lbs. 15 oz |
| [] More than 8lbs. 15 oz |

How long were you in active labor? _____

What type of delivery?

- []Natural []C-Section []Forceps

Did you breast feed? []Yes []No

Did your child have feeding problems? []Yes []No

Explain: _____

Did your child have Yellow Jaundice? []Yes []No

How was it treated? _____

Did your child have Oxygen Deficiency? []Yes []No

How was it treated? _____

Did your child go home with you from the hospital?

[]yes []No _____

Early Childhood Development

At what age did your child sit up without assistance?

- | |
|---------------------------------------|
| []Before 5 months |
| []5 to 7 months |
| []7 to 9 months |
| []Does not sit up without assistance |

At what age did your child crawl?

- | |
|--------------------|
| []Before 6 months |
| []6 to 8 months |
| []After 8 months |
| []Cannot crawl |

At what age did your child stand without assistance?

- | |
|--------------------------------------|
| []Before 9 months |
| []9 to 11 months |
| []After 11 months |
| []Does not stand without assistance |

At what age did your child walk?

- | |
|---------------------|
| []Before 10 months |
| []10 to 14 months |
| []After 14 months |
| []Cannot walk |

At what age did you potty train your child?

- | |
|--------------------------|
| []Under 18 months |
| []18 to 24 months |
| []24 to 36 months |
| []Not yet potty trained |

Speech & Language Development

At what age did your child meaningfully say his/her first words? (other than mama or dada).

Did your child keep adding on words once he or she started to speak?

Did your child get one or two word phrases then go a long time before adding any new words?

Did your child's speech development ever seem to stop for a period?

Has your child ever spoken better than now?

Does your child have problems with speech?

At what age did your child string 2 or more words together?

- Under 18 months
- 18 to 24 months
- 24 to 36 months
- Has not done this yet

Does your child talk?

Frequently Occasionally Rarely Ever

Does your child tell a simple story? Yes No

How well do you understand your child?

Often Half of the Time Rarely Ever

How well do siblings understand your child?

Often Half of the Time Rarely Ever

How well do strangers understand your child?

Often Half of the Time Rarely Ever

What language does mother & father speak most to the student?

Mother _____ Father _____

What language does your child speak best?

What language do you speak most to your spouse?

Does your child follow simple commands?

Yes No

Does your child follow two-step commands?

Yes No

Does your child hesitate or stutter?

Yes No

Medical Information

Does your child have any hearing problems?

Yes No

Has your child ever had an ear infection?

Yes No

How many ear infections since birth?

1 or 2 3 or 4 5 or 6 7 or more

Have tubes been placed in your child's ears?

Yes No

Does your child have any vision problems?

Yes No

Does your child have any on going health problems?

Has your child ever been hospitalized? Yes No
Please, list any hospitalizations.

Please, list any medication your child is currently taking.

Has your child ever had any of the following:

Condition: _____ Age & Treatment _____

- Asthma _____
- Allergy, Hives, Hay fever _____
- A.D.H.D. _____
- Bowel Problems _____
- Broken Bones / Injuries _____
- Child Abuse _____
- Chicken Pox _____
- Cancer _____
- Convulsions / Epilepsy _____
- Dizziness / Fainting _____
- Diabetes _____
- Encephalitis / Meningitis _____
- Fever Related Seizures _____
- High Fever (105°) _____
- Head Injury _____
- Heart Problems _____
- Infectious Diseases _____
- Lice _____
- Lead Poisoning _____
- Nose Bleeds _____
- Obesity _____
- Psychological Disorders _____
- Severe Headaches _____
- Stomach Aches _____
- Toothaches _____
- Urinary Problems _____
- Other _____

Are there any limits or restrictions that affect your child's ability to participate in Physical Education class or other activities? Please describe:

Behavioral Information

What are your child's personal strengths?

What concerns you the most about your child?

How do you choose to discipline your child when he/she misbehaves (Check all that apply)?

- Ignore Scold or Lecture
- Spank or swat Take away privileges
- Send to his/her room Give extra chores
- Take away toys. Other

Check the boxes that best describes describe your child?

Area of Concern	Not a Problem	Mild Problem	Big Problem
Fidgets way too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doesn't finish chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doesn't follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very slow at learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doesn't like changes to routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cries easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not like to be touched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad and depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wants to be left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry and resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses foul language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets into fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays with fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is in trouble with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will not do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>