## **Developmental History**

1.	Pregnancy and Birth
	Which pregnancy was this? ☐ 1 <sup>st</sup> ☐ 2 <sup>nd</sup> ☐ 3 <sup>rd</sup> ☐ 4 <sup>th</sup> Other Was it normal? ☐ Yes ☐ No
	Explain any complications
	Was your child – ☐ Full term ☐ Premature What was the length of labor?
	Was the delivery – Induced? ☐ Yes ☐ No Caesarian? ☐ Yes ☐ No
	Birth weight Baby's condition at birth (jaundice, breathing problems, etc.)
2.	Motor Development (List approximate ages)
	Sat alone Crawled Stood alone
	Walked independently Fed self with a spoon
	Toilet trained: Bladder Bowel
3.	Medical History
	List any significant past or present health problems (e.g., serious injury, high temperature or
	fever, any twitching or convulsions, allergies, asthma, frequent ear infections, etc.).
	List any medications taken on a regular basis
	List medical treatments (e.g., PE tubes, inhalers, medications, ear wax removal)
4.	Speech and Language (List approximate ages.)
	Spoke first words that you could understand (other than <i>mama</i> or <i>dada</i> )
	Used two-word sentences
	Spoke in complete sentences
	Does your child communicate primarily using speech?
	Does your child communicate primarily using gestures?
	Is your child's speech difficult for others to understand?
	Does your child have difficulty following directions?
	Does your child answer questions appropriately?
5.	Social Development
	What opportunities does your child have to play with children of his/her age?
	What play activities does your child enjoy?
	Does s/he play primarily alone? ☐ Yes ☐ No With other children? ☐ Yes ☐ No
	Does s/he enjoy "pretend play?" □ Yes □ No
	Do you have concerns about your child's behavior? ☐ Yes ☐ No ☐ If yes, please explain:
	How do you discipline your child?
	Thank you for providing the above developmental information about your child. Please return to the Speech - Language Pathologist. If you have any questions, please feel free to contact me at josephfalknerjr@gmail.com.