



DEVELOPMENT REVIEW

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| | | DATE __ / __ / __ | |
| CHILD'S NAME | DATE OF BIRTH | M | F |
| YOUR NAME | RELATIONSHIP TO CHILD | | |

A WORD TO PARENTS

Your answers to these questions can help us to understand your child and may let us know what questions and concerns you have about your child. The possible problems list at the bottom provides another way of knowing your concerns about your child.

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| 1 | Please describe your child briefly? | 4 | Does your child have any special problems or disabilities? |
| 2 | What has your child been doing lately? | 5 | What questions or concerns do you have about your child? |
| 3 | What are your child's strengths? | 6 | How are you doing as a parent and otherwise at this time? |

Read each statement carefully and check those statements that describe your child.

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| 1 | Health problems. |
| 2 | Growth, height or weight problems. |
| 3 | Eating problem - Eats poorly or too much, etc. |
| 4 | Bowel and bladder problems, toilet training |
| 5 | Sleep problem. |
| 6 | Aches and pains; earaches, stomach aches, headaches etc. |
| 7 | Energy problems; appears tired and sluggish |
| 8 | Seems to have trouble seeing. |
| 9 | Seems to have trouble hearing. |
| 10 | Does not pay attention; poor listener. |

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| 11 | | Does not talk well for age. |
| 12 | | Speech is difficult to understand (age 3 and over) |
| 13 | | Does not understand well; is slow to 'catch on' |
| 14 | | Clumsy; walks or runs poorly, stumbles or falls (Age 2 and over.) |
| 15 | | Clumsy in doing things with hands. |
| 16 | | Immature; acts much younger than age. |
| 17 | | Dependant and clingy. |
| 18 | | Passive; seldom Show initiative. |
| 19 | | Disobedient; does not follow house/school rules |
| 20 | | Temper Tantrums. |
| 21 | | Overly Aggressive. |
| 22 | | Cannot sit still - may be hyperactive. |
| 23 | | Timid, fearful, worries a lot. |
| 24 | | Often seems unhappy. |
| 25 | | Seldom plays with other children. |
| 26 | | Other? |

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|---------------|--------------------|---------------------|
| | ____ / ____ / ____ | |
| NAME in PRINT | DATE | SIGNATURE OF PARENT |