

Developmental History

Is the child adopted? ____ If yes, does the child know? ____ Age when adopted _____
 Full term pregnancy? _____ Normal birth? _____
 Any complication before, during or following delivery? _____
 Was the child exposed in utero to: drugs alcohol nicotine
 Did your child crawl? Yes No Age _____ Age at which child walked? _____
 Age of speech: First word? _____ Sentences? _____
 When fatigued, child will: Sag _____ Become irritable _____ Excited _____
 Under tension, is there any pattern of behavior, thumb-sucking, etc. _____

School

Age at time of entrance? _____ Kindergarten _____ First grade _____
 Does child like school? _____ Was a grade repeated? _____ Which one? _____
 Is school work? average better than average below average
 Have there been any school difficulties? _____
 What subjects are considered easiest? _____ Most difficult? _____
 Does your child like to read? Yes No _____
 Does your child regularly have school homework? Yes No
 Average amount of time spent on homework each night: _____
 How does your child deal with homework? little to no resistance very resistant
 Does test taking appear to cause anxiety? Yes No _____
 Has your child ever been retained from recess or after school? Yes No
 How did your child react to retention? _____
 Does the school consider your child to have a learning problem? Yes No _____
 Does the school consider your child to have a discipline problem? yes No _____

Visual History

Previous visual examinations:

Reason for examination	Doctor's Name	Date	Result
_____	_____	_____	_____
_____	_____	_____	_____

Members of family who have had visual attention and why:

Give a brief description of your child as a person:

_____ Initial _____ Date