



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