



# Washington County School District Developmental History

121 West Tabernacle Street  
St. George, UT 84770

STUDENT'S FULL NAME _____			FATHER'S TYPE OF WORK _____
			MOTHER'S TYPE OF WORK _____
			THIS FORM FILLED OUT BY: (print your full name) _____
STUDENT'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	STUDENT'S AGE _____	GRADE IN SCHOOL _____ <input type="checkbox"/> NOT ATTENDING SCHOOL	Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
STUDENT'S BIRTHDAY Mo Day Year		TODAY'S DATE Mo Day Year	Your relation to the student: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (specify) _____

Your answers to the questions below will be helpful in planning your child's school program. Only authorized school personnel working with your child will review your answers.

**Please explain all YES answers briefly. Write on back of form or on separate paper if necessary.**

- |     | Yes                      | No                       |   |
|-----|--------------------------|--------------------------|---|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Were there any unusual pregnancy, labor, or delivery problems with your child? _____<br>_____                       |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had any history of high fevers, convulsions, injuries or long-lasting illnesses? _____               |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been on medication? _____   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Is your child presently on medication? _____  |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any hearing, vision, or speech problems? Any physically handicapping condition? _____<br>_____ |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel that your child might be less active than most children? _____<br>_____                                 |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you feel that your child might be more active than most children? _____  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Did your child have difficulty learning to walk, hop, skip, or ride a bike? _____<br>_____                          |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Has your child missed more than 25 days in one school year? _____   |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you noticed any difficulty at home with your child learning or remembering? _____<br>_____                     |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty understanding and following instructions? _____<br>_____                            |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty getting along well with his/her brothers and sisters?                               |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty getting along well with children in the neighborhood? _____<br>_____                |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have difficulty completing and handing in homework that is well within his/her ability? _____       |

Yes No

- 15.   Do you know of issues changes which could be affecting your child? \_\_\_\_\_  
\_\_\_\_\_
- 16.   Have there been any behavior problems at home? At school? In the neighborhood? \_\_\_\_\_  
\_\_\_\_\_
- 17.   Does your child receive special education or remedial services or attend a special class?  
\_\_\_\_\_
- 18.   Have you ever had any help for your child from any community or private agency such as a hospital, mental health agency, etc? \_\_\_\_\_
- 19.   Has your child repeated any grades? Grades and reasons: \_\_\_\_\_  
\_\_\_\_\_
- 20.   Is there any language other than English spoken in your home? \_\_\_\_\_

Below Average Average Above Average

How well does your child understand this language?

How well does your child speak this language?

- 21. At what age did your child begin to use single words? \_\_\_\_\_
- 22. At what age did your child begin to talk in short sentences? \_\_\_\_\_
- 23. At what age did your child walk alone? \_\_\_\_\_

24. *Check a box for each subject that your child takes*

	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 25. How would you describe your child's behavior?
 

<input type="checkbox"/> Friendly	<input type="checkbox"/> Shy
<input type="checkbox"/> Demanding	<input type="checkbox"/> Follower
<input type="checkbox"/> Leader	<input type="checkbox"/> Other _____

26. What concerns you most about your child?

27. Please describe the best things about your child.