

HISTORY INTAKE



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early learning centre

QUESTIONNAIRE

PLEASE COMPLETE AS MANY QUESTIONS AS POSSIBLE TO THE BEST OF YOUR KNOWLEDGE.
MARK ANY 'YES' OR 'NO' QUESTIONS WITH A CROSS [X]

PARENT | LEGAL GUARDIAN INFO

1. FULL NAME _____ 2. ID NUMBER _____
3. RESIDENTIAL ADDRESS _____

_____ CODE _____
4. BUSINESS ADDRESS _____

_____ CODE _____
5. CELL _____ 6. HOME NO. _____ 7. WORK NO. _____
8. EMAIL ADDRESS _____
9. RELATIONSHIP TO CHILD _____

PARENT | LEGAL GUARDIAN INFO

10. FULL NAME _____ 11. ID NUMBER _____
12. RESIDENTIAL ADDRESS _____

_____ CODE _____
13. BUSINESS ADDRESS _____

_____ CODE _____
14. CELL _____ 15. HOME NO. _____ 16. WORK NO. _____
17. EMAIL ADDRESS _____
18. RELATIONSHIP TO CHILD _____

LEARNER INFORMATION

19. FULL NAME _____ 20. DATE OF BIRTH DD MM YYYY

21. IDENTITY NO. _____ 22. SCHOOL NAME _____

23. SCHOOL ADDRESS _____

_____ CODE _____

24. TEACHER (S) _____

BIRTH HISTORY

WAS CHILD'S PREGNANCY PLANNED? YES NO

DURING PREGNANCY

CHECK 'YES' OR 'NO'; IF THE FOLLOWING OCCURRED. IF YES; PLEASE DESCRIBE

ILLNESS | INFECTION | ACCIDENT YES NO

DESCRIBE _____

MEDICATION TAKEN YES NO

DESCRIBE _____

SMOKING

YES NO IF YES; HOW MANY PER DAY _____

ALCOHOL INTAKE

YES NO IF YES; HOW MUCH _____

DRUG INTAKE

YES NO IF YES; HOW MUCH _____

LENGTH OF PREGNANCY

YES NO WEEKS _____

AFTER BIRTH

BIRTH WEIGHT _____ KG

APGAR SCORES (IF KNOWN) _____

WENT HOME AFTER _____ DAYS IN HOSPITAL

DEVELOPMENTAL HISTORY

ENJOYED CUDDLING YES NO

MORE ACTIVE THAN OTHER BABIES YES NO

FUSSY, IRRITABLE YES NO

IF CHILD HAS OTHER SIBLINGS; WAS DEVELOPMENT DIFFERENT IN ANY WAY? YES NO

DESCRIBE _____

AFTER BIRTH

AGE AT WHICH CHILD;

SIT UP ON THEIR OWN _____ CRAWLED _____ STOOD ON THEIR OWN _____ POTTY-TRAINED _____

WALKED ON THEIR OWN _____

CHILD EXPERIENCES

BEDWETTING YES NO

ENCOPRESIS/ SOILING IN PANTS YES NO

WAS CHILD SLOW TO DEVELOP MOTOR SKILLS OR AWKWARD COMPARED TO SIBLINGS/ FRIENDS
EXAMPLE: RUNNING, SKIPPING, CLIMBING, BIKING, PLAYING BALL YES NO

DESCRIBE _____

HANDEDNESS: LEFT-HANDED RIGHT-HANDED AMBIDEXTROUS (BOTH HANDS)

IF BOTH; EXPLAIN _____

WAS PHYSICAL THERAPY EVER NECESSARY? YES NO IF YES, WHEN AND WHY? _____

WAS OCCUPATIONAL THERAPY EVER NECESSARY? YES NO IF YES, WHAT AGE? _____

SPEECH | LANGUAGE

HOME LANGUAGE _____

AGE FIRST WORD WAS SPOKEN _____

AGE THE CHILD PUT 2-3 WORDS SENTENCES TOGETHER _____

SPEECH DELAYS/PROBLEMS

EXAMPLE: STUTTERS, DIFFICULT TO UNDERSTAND _____

ORAL-MOTOR PROBLEMS

YES NO

EXAMPLE: LATE DROOLING, POOR SUCKING, POOR CHEWING

IF YES, DESCRIBE _____

WAS SPEECH/ LANGUAGE THERAPY EVER NECESSARY?

N/A YES NO

IS THE CHILD FLUENT IN ANY OTHER LANGUAGE(S) OTHER THAN HIS/ HER HOME LANGUAGE?

YES NO

IF SO, WHICH _____

SOCIAL BEHAVIOUR

DOES CHILD GET ALONG WELL WITH OTHER CHILDREN

YES NO

DOES CHILD GET ALONG WELL WITH ADULTS

YES NO

DOES CHILD UNDERSTAND GESTURES

YES NO

DOES CHILD UNDERSTAND SOCIAL CUES WELL

YES NO

EXAMPLE: KNOWS WHEN OTHERS ARE ANGRY OR IN DISCOMFORT

PLEASE DESCRIBE CHILD'S SOCIAL FUNCTIONING _____

MEDICAL HISTORY

LIST ANY MEDICATIONS, AND DOSES, CHILD TAKES AT PRESENT

HAS VISION BEEN CHECKED? YES NO MOST RECENT EXAM DATE _____

WERE ANY PROBLEMS DETECTED? YES NO SPECIFY _____

FAMILY HISTORY

LANGUAGE SPOKEN AT HOME _____

PARENT/ GUARDIAN

AGE _____ OCCUPATION _____

HIGHEST LEVEL OF EDUCATION _____

IS THERE ANY HISTORY OF LEARNING PROBLEMS, SPEECH PROBLEMS, BEHAVIOUR PROBLEMS, MEDICAL PROBLEMS, EMOTIONAL PROBLEMS, AND/OR DRUG AND ALCOHOL ABUSE.

IF YES FOR ANY, PLEASE DESCRIBE _____

PARENT/ GUARDIAN

AGE _____ OCCUPATION _____

HIGHEST LEVEL OF EDUCATION _____

IS THERE ANY HISTORY OF LEARNING PROBLEMS, SPEECH PROBLEMS, BEHAVIOUR PROBLEMS, MEDICAL PROBLEMS, EMOTIONAL PROBLEMS, AND/OR DRUG AND ALCOHOL ABUSE.

IF YES FOR ANY, PLEASE DESCRIBE _____

LIVING SITUATION

PLEASE MARK FOLLOWING WITH A CROSS [X] WHERE APPROPRIATE

PARENTS ARE

- MARRIED UNMARRIED LIVING TOGETHER SEPARATED MOTHER DECEASED
 FATHER DECEASED

CHILD LIVES WITH

- MOTHER FATHER BOTH PARENTS OTHER

SPECIFY, IF OTHER _____

