

MARY MONROE, PSY.D., P.C.

GRANT STREET MANSION
1115 GRANT STREET, SUITE 307
DENVER, CO 80203
303.587.8779

Developmental Questionnaire

This form is designed to give me a lot of information about your child's learning history so that the evaluation we complete will be as thorough as possible. Feel free to skip questions to which you do not have answers or that are not relevant to this evaluation.

Child's Name: _____ Sex: _____ Age: _____ Grade: _____

Child's Date of Birth: _____ Child's School: _____

Name(s) of Parent(s): _____

Why are you seeking testing for your child?

Family Background:

Who lives with your child in his/her house?

If he/she does not live with parents, what is the relationship with the caregivers?

Who has custody of the child?

Is your child adopted? _____ If so, at what age? _____ What were the circumstances around the adoption?

If your child was adopted, please describe as much as possible about the academic histories, occupations, intellectual functioning, health and learning difficulties of biological parents (use additional sheets of paper if necessary):

Please list the ages at which your child achieved the following developmental milestones as accurately as possible:

Walked without support: _____

Spoke first word: _____

Spoke in sentences: _____

Potty trained: _____

Recognized letters: _____

Read words: _____

Wrote words: _____

Rode bicycle: _____

Tied shoes: _____

Does your child have a high activity/energy level? _____

A long attention span? _____

Was he/she an alert infant? _____

Is your child right-handed, left-handed, or ambidextrous? _____

Health History:

Length of pregnancy: _____

Mother's age at child's birth: _____ Father's age at child's birth: _____

Child's weight at birth: _____ length: _____

APGAR ratings (if known): _____

Were there any problems during pregnancy? _____ If yes, please explain:

Were there any problems during delivery? _____ If yes, please explain:

Please describe your child's early childhood, including his/her temperament, health, and sleep/eating habits if notable:

Does your child currently have any unusual sleep or eating habits? _____ If so, please describe:

Does your child have a history of ear infections? _____ If yes, please describe:

Does your child wear glasses? _____ If yes, for what problem?

Does your child display sensitivities to any of the senses (light, sounds, touch, smells, tastes)? _____ If so, please describe:

Has your child been previously diagnosed with AD/HD (Attention Deficit/Hyperactivity Disorder), a learning disability (such as Dyslexia), or any other learning problem?
_____ If so, please describe:

Does your child have a history of any serious illnesses, injuries (particularly head injuries) or hospitalizations? (If so, please describe.)

Has your child had any previous IQ testing? (If so, please list age at time of testing, name of test, and scores).

Is your child interested in books? _____ puzzles? _____ mazes? _____
drawing? _____ numbers? _____ computers? _____ how things work? _____
people? _____

Please describe your child's favorite activities and interests:

On average, how many times a week does your child read alone? _____ With you? _____

Please list some of his/her favorite books:

Family History:

Is there any history of learning problems among your child's immediate family members?

(If so, please describe.)

Is there a history of significant mental illness in your child's immediate or extended family? (If so, please describe.)

Mother's educational background and educational/professional interests:

Father's educational background and educational/professional interests:

School Experiences:

Please list the name(s) of your child's school(s) and grades/dates that he/she has attended each:

Do you have recent school achievement tests for your child? (If so, please list name of test(s) and specific strengths and weaknesses if any were noted.)

How would you describe your child's school performance throughout the course of his/her education?

Has there been a recent change in your child's school performance? (If so, please describe.)

What activities during the school day does your child enjoy the most?

What activities during the school day does your child enjoy the least?

What best motivates your child?

Does your child participate in any extracurricular activities? (If so, please describe.)

Is there anything notable about your child's study habits at home?

Do homework issues lead to family dynamics that you would like me to address? If so, please describe:

Is there anything else you would like me to know?