



Family History

Mark with an X as appropriate:

	Paternal	Maternal
- Is there a history of mental illness in the family?	Y__N__	Y__N__
- A history of visual problems?	Y__N__	Y__N__
- Hearing problems?	Y__N__	Y__N__
- Alcoholism?	Y__N__	Y__N__
- Venereal diseases?	Y__N__	Y__N__
- Are there any family problems at home?	Y__N__	Y__N__
- Any close family members who took a while to start talking when they were younger?	Y__N__	Y__N__

Pregnancy, Childbirth and Postpartum

The mother suffered an accident during pregnancy.

NO _____ YES _____

Explain _____

Pregnancy # _____

Mother suffered during pregnancy:

- Hemorrhages ____ What month? _____
- Convulsions ____ What month? _____
- Rubella ____ What month? _____
- Accidents, What kind? _____
- Suffered some kind of shock? _____ What month? _____
- Where was the childbirth conducted? _____
- Was it premature? _____
- Cried immediately at birth? _____
- Born purple? _____
- Birth weight: _____
- Birth size: _____
- Breastfeeding: _____
- Weaning: _____
- Apgar score: _____



Child Development

Has suffered or suffers from:

	YES	NO	At what age?	No. of times
Meningitis	_____	_____	_____	_____
Ear Suppuration	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Sinusitis	_____	_____	_____	_____
Inflammation of Tonsils	_____	_____	_____	_____
Seizures	_____	_____	_____	_____
Fever over 40 deg.	_____	_____	_____	_____
Allergies	_____	_____	_____	_____

The boy or girl has been hospitalized: No _____ Yes _____ -

How many times? _____ Why? _____

The boy or girl had difficulty feeding (suckling)?

Yes _____ No _____ Breastfed until what age? _____

Language Development

The child uttered sounds during the first months (2 months)? _____

How old for the child's first words?: _____

How old for first sentences? (1 or 2 years old) _____

Until what age were there still speech deficiencies? (4 years old) _____



Language Features

Talker: _____ Quiet type: _____

Communication difficulties: _____

Personality Perceptions

Has peaceful sleep _____ Is affectionate _____ Is shy _____

Is nervous _____ Prone to fighting _____ Is fearful _____

Prefers to play alone _____ Prefers to play in a group _____

Tends to use the left hand _____ Tends to use the right hand _____

Is active _____ Passive _____ Independent _____

Dependent _____ Attention is scattered _____

Is happy _____ Is sad _____

Expresses fear at:

Noises _____ Darkness _____ Animals _____ Heights _____

Being Alone _____ People _____ Others _____

In cases where other family members live at home, what influence do they exert on the child?

Has the child witnessed discussions? _____

Asked "How come into the world"? _____

What did you answer? _____

What other topics have you discussed with your child (death, sex, etc.)?

What attitudes do the parents take at the child's antics?



Have you compared the child with other children?

Is the child stimulated?

Is the child rewarded?

Has the child received any special education or training? (swimming, music, drawing)

Where and why was this done?

What kind of music is usually heard in the house?

Can the child play an instrument?

Does the child have a relationship with art?

Does the child participate in any musical or artistic activity currently?

If the child's behavior falls outside of the rules and boundaries set by the parents, guardians, or family, what is the reaction of the adult in charge? Punishment: _____ Time out: _____

Other: _____

Who has more authority in the house?: Father: _____ Mother: _____

Both: _____ Other: _____



Regarding Health

What diseases has the child suffered?

Does the child suffer from any condition that requires special attention?

What vaccines has the child received?

(Immunizations photocopy attached)

Have they been prescribed any medication to be given during their stay?

Parents' opinions of the child's health:

Operations: _____

Accidents: _____

Was the child's birth regular? (preterm, cesarean, forceps, etc.)

Regarding Hygiene Habits

Does the child:

Use the toilet independently? _____ Wash their hands? _____

Brush their teeth? _____ Comb their hair? _____

Need help dressing or can dress themselves? _____

Put on their shoes? _____ Tie the shoelaces? _____

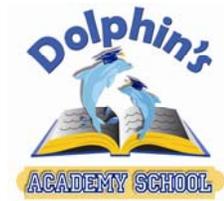
How does the child express wanting to use the bathroom? _____

What time is bedtime? _____ How many hours sleep? _____

Sleeps in a single or shared room? _____

Often has sleepovers? _____

Has nightmares? _____ Wets the bed? _____



Sucks a pacifier? When? _____ Curls hair? _____

Sleepwalks? _____ Talks in sleep? _____

Sucks thumb? _____

Needs something to sleep? (Toy, Light, etc.) _____

Do you sing? Have a story? Who does it? _____

Is the child accustomed to naps? _____

How does the child wake? (sulkily, happily) _____

Regarding Eating Habits

Do you have meals as a family? (Breakfast, Lunch, Dinner) _____

Does the child eat alone? _____

Does someone help? Who usually does this? _____

What utensils are used? _____

How is the child's appetite? _____

Eats at irregular hours? _____

What foods are preferred? _____

Which are rejected? _____

Foods prohibited by a doctor: _____

Is the process of feeding slow, fast, well-chewed, regurgitated?

Any aversions to foods in particular? _____

How is the aversion expressed? _____

Do you resolve the situation by withdrawing the food, insisting, punishing?



Regarding Activities

Your child prefers to play: wrist-ball-turret-tricycle-mechanical toys-matches-paintings-clay-building elements:

Orders the toys? _____

Dramatizes? What characters? _____

Reads stories? Magazines? What kind of literature?

Goes to the movies often? _____

Children's theater? _____

How many hours of TV? _____ What kinds of programs does your child watch?

Uses the internet? Which programs?

Likes children's parties? _____

Who does your child play with usually? (Brother, Sister, Friend, Neighbor, Alone)

Same Age: _____ Older: _____ Younger: _____ With All: _____

Same Sex: _____ Opposite: _____ Both sexes: _____

What attitude does your child adopt when playing? _____



Regarding Oral Expression

Does your child pronounce correctly/use monosyllables/talk loudly?

Affectionate? _____ Comentario: _____

Shy? _____ Comentario: _____

Nervous? _____ Comentario: _____

Your child needs special help with learning: _____

I wish the guide or teacher to also know that: _____

Regarding Special Skills

What skills are demonstrated? _____

Name and signature of the interviewer: _____

Name and signature of the respondent: _____

Name and signature of the director of the school: _____

Seal of the Institution _____

This authorizes that your child will be photographed for symbolic educational purposes for their respective families.

Signature of the child's guardian:

Attach to this record: Vaccines Card Copy, birth certificate or passport, two passport size photos

