

Developmental Issues

Toilet Training

Vocabulary used for urination: _____ Bowel Movement: _____

Any problems? _____

Sleep Habits

Wake-up time? _____ Bedtime? _____ Naptime (if any) _____

Speech

Is speech clear? _____ Does child speak in complete sentences? _____

Are there any speech characteristics of which we should be aware? _____

Are there any developmental delays? _____

Any diagnostic testing?: _____

Date: _____ Type _____

Any other concerns?: _____

Premature birth? Yes No Comments? _____

Emotional Development

What do you feel has been the most difficult emotional adjustment your child has made to date? _____

What circumstances are upsetting? _____

What is the behavior when upset? _____

What is the behavior when afraid? _____

What special interests does your child talk about? _____

How do you set limits? _____

How would you describe your child at this time? _____

Any unique habits? _____

Signature: _____ **Date:** _____