



SPEECH LINK

Developmental History

Patient's name: _____

Do you feel your child was "faster" or "slower" than his/her peers in any other way?

Please explain: _____

If your child is in school, please describe any difficulties or strengths in reading, writing, or spelling:

Name of current school: _____ Grade: _____

Address: _____

Phone: _____ Enrolled in any special education services? _____

Current Teacher(s): _____

Describe any other concerns shared by the teacher: _____

We would like to have information about your child's developmental milestones. Indicate the age when your child first did each of the following INDEPENDENTLY. If you cannot recall a specific age, please mark whether you believe your child accomplished the milestone early, on time, or late. If your child has not yet achieved the milestone, write NA in the age column. Please also rate your estimation of the quality of your child's skills.

MILESTONE	AGE	EARLY	ON TIME	LATE	GOOD/FAIR	POOR
Smiled						
Held head up						
Rolled over						
Reached for an object actively						
Transferred object between hands						
Sat unsupported						
Crawled						
Stood alone						
Walked by self						
Said first words						
Threw objects actively						
Ran by self						
Followed simple 1-step directions						
Said 2-3 phrases						
Ate unaided with a spoon/fork						
Dressed self						

MILESTONE	AGE	EARLY	ON TIME	LATE	GOOD/FAIR	POOR
Rode bicycle without training wheels						
Caught a thrown object						
Demonstrated handedness (which?)						
Knew colors						
Counted to 5						
Knew alphabet						
Bladder trained - days						
Bladder trained - nights						
Bowel trained						
Weaned from bottle/breast						
Weaned from pacifier						
Thumb/finger sucking						