

PRESCHOOL DEVELOPMENT & HEALTH HISTORY INTERVIEW

Name of Child	Birth Date	Birth Place	Age	Language (s) spoken at home
Names of Parent/Guardian	Individual being interviewed		Relationship to child	Interviewer

<p>Tell me about the pregnancy and birth of your child:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><input type="checkbox"/> Premature</p> <p><input type="checkbox"/> Low birth weight</p> <p><input type="checkbox"/> Hospitalization at birth</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Drugs/alcohol</p> <p><input type="checkbox"/> Medications</p> </div> </div>
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Health/Developmental Concerns	Yes/No	Comments
Child's health		
General development		
Hospitalizations/Medications		
Ear Infections		
Trauma		

****NOTE: FOR ENGLISH LANGUAGE LEARNERS, PLEASE FILL OUT LANGUAGE DOMINANCE & RELATIVE PROFICIENCY FORM IN PLACE OF THIS LANGUAGE SECTION!**

<p>Language Comprehension: Does your child usually understand what others say to him/her?</p> <p style="margin-top: 20px;">Is your child able to follow simple directions? ___ 1-step direction ___ 2-step direction ___ 3 or more-step direction</p> <p style="margin-top: 20px;">Language Expression: Does your child use words to greet others, to express his/her needs & wants? Give some examples.</p> <p style="margin-top: 20px;">Does your child use single words? 2-3 word phrases? 4-5 word sentences?</p> <p style="margin-top: 20px;">Is your child able to answer simple wh-questions?</p>

Language Expression (con.):

Do people generally understand your child's speech?

How does your child's language compare to his/her siblings and peers?

Eating Habits	Has had opportunity?	Able to do so?	Comments
Feeding self			
Using utensils			
Eating variety of foods			
Sitting down at mealtime			
Drinking from cup			
Gets own food			
Sleeping Habits			
Regular bed time			
Sleeps through the night			
Bed time routine			

Toileting Skills			
Potty-trained (age of training)			
Level of independence using bathroom			
Dry through the night			
Dressing Skills			
Put on/take off pants			
Put on/take off shirt			
Put on/take off shoes & socks			
Put on/take off coat			
Dress self completely			
Opens/closes buttons			
Opens/closes zippers			
Opens/closes velcro fasteners			

Behavioral Concerns	Yes/No	Describe
At home		
At child care/school		
In the community		

Has your child had regular opportunities to play with peers? Describe.