Agoo services familiaux et scolaires
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Developmental History

Below are a series of questions pertaining to your child's past and current developmental history. We thank you for taking the time to answer all questions to the best of your knowledge. Please note that the information provided below aims to facilitate your first appointment at Agoo and our team's understanding of your child's current and past strengths and difficulties. All information is strictly confidential and will be kept in your child's file for future reference. Any questions pertaining to the content of this questionnaire may be presented at your first meeting with Agoo. Please bring the completed questionnaire with you at your first meeting or return it to us by mail prior to your first scheduled appointment.

We thank you for also providing us with **copies of your child's most recent report card** as well as **copies of any previous therapy or assessment reports**.

A. Child's Identification

Child's Identification

First name: _____ Last name: _____

Date of birth: _____ Current age: _____

Place of birth: _____ Date of arrival in Canada (if applicable): _____

Address: _____ (Civic number) _____ (Street name) _____ (Apt.) _____ (Town) _____ (Postal Code)

Mother tongue:	English ☐	French ☐	Other: _____
Language spoken at home:	English ☐ ____ %	French ☐ ____ %	Other: ____ %
Language spoken at school:	English ☐ ____ %	French ☐ ____ %	Other: ____ %

Reason for consultation

What worries you in relation to your child's language/motor development?

_____

_____

_____

_____

_____

_____

_____

Parents' identification

Father's first name: _____ Father's last name : _____

Place of birth: _____ Date of arrival in Canada (if applicable): _____

Language(s) spoken:

- With your spouse: English ☐ French ☐ Other: _____
- With you child: English ☐ French ☐ Other: _____

Highest level of education completed: _____ Occupation: _____

Phone number: _____ Email: _____

Mother's first name: _____ Mother's last name: _____

Place of birth: _____ Age of arrival in Canada (if applicable): _____

Language(s) spoken:

- With your spouse: English ☐ French ☐ Other: _____
- With your child: English ☐ French ☐ Other: _____

Highest level of education completed: _____ Occupation : _____

Phone number: _____ Email: _____

B. Family History

Parents' marital status: Married ☐ Common-law ☐ Separated ☐ Divorced ☐

If parents are separated or divorced, the child lives:

With his mother ☐ With his father ☐ In shared custody ☐ In a reconstructed family ☐ Other ☐

Was the child adopted: Yes ☐ No ☐

Does the child live in a foster family or in foster care? Yes ☐ No ☐

Does the child have siblings? (names and age) _____

_____

Did any family member (mother, father, siblings, cousins, grandparents, uncles, aunts, etc.) suffers or suffered from the following difficulties:

Language delay ☐

Developmental Language Disorder (dysphasia) ☐

Stuttering ☐

Learning disability (dyslexia, dysorthographia, dyscalculia, etc.) ☐

Autism Spectrum Disorder (ASD) ☐

Global developmental delay ☐

Mental delay ☐

Attention Deficit Hyperactivity Disorder (ADHD) ☐

C. Prenatal and postnatal history

Did the child's mother have any health issues during the pregnancy? Yes ☐ No ☐

If yes, please explain: _____

Were there complications during birth? Yes ☐ No ☐

If yes, please explain: _____

Was the pregnancy full term? Yes ☐ No ☐_____ weeks

Type of birth: Natural ☐ Caesarean section (c-section) ☐

What was the child's weight at birth? _____

Did the child suffer from any health complications following birth? Yes ☐ No ☐

If yes, please explain: _____

Were there early infancy feeding problems? Yes ☐ No ☐

If yes, please explain: _____

Were there early infancy sleep patterns difficulties? Yes ☐ No ☐

If yes, please explain: _____

Did your child experience any health problems during infancy? Yes ☐ No ☐

If yes, please explain: _____

As a baby, how did your child behave with other people?

More sociable than average ☐ Average sociability ☐ Less sociable than average ☐

D. Motor development

Please indicate at what age your child reached the following milestones:

Rolling over (back to front): _____

Rolling over (front to back): _____

Sitting unassisted: _____

Crawl on hands and knees: _____

Cruise (walk holding on to furniture): _____

Walk: _____

Potty training (day): _____

Potty training (night): _____

Are there any gross motor skills difficulties (ex. running, jumping, throwing, riding)? Yes ☐ No ☐

If yes, please explain: _____

Are there any fine motor skills difficulties (ex. buttoning, tying, drawing, cutting)? Yes ☐ No ☐

If yes, please explain: _____

Is your child: Right-handed ☐ Left-handed ☐ Undetermined ☐

E. Language Development

Please answer the following questions about your child's first language.

At what age did your child:

- Babble? _____
- Say his first words (other than "mom" or "dad"? _____
- Combine two words together? _____
- Produce sentences? _____

Does your child like to repeat sounds, words or sentences? Yes ☐ No ☐

Does your child follow simple directions (ex. Close the door)? Yes ☐ No ☐

Does your child point at a common object (ex. Ball) on demand? Yes ☐ No ☐

Does your child understand close-ended questions (yes/no)? Yes ☐ No ☐

Does your child understand simple wh-questions (What? Who? Where?)? Yes ☐ No ☐

Does your child have a difficulty with pronunciation? Yes ☐ No ☐

If you answered yes to the previous question:

Do you understand what your child is saying? Yes ☐ No ☐ _____ %

Do strangers understand what your child is saying? Yes ☐ No ☐ _____ %

Is your child aware of his difficulties? Yes ☐ No ☐

Please, explain: _____

How does your child express himself?

☐ Gestures (ex. Pointing)
☐ Sounds (grunting, cries)
☐ Isolated words
☐ 2-word utterances
☐ 3-word sentences
☐ 4+-word sentences
☐ Complete and complex sentences

F. Feeding

Do you have any feeding concerns (ex. difficulty to chew, difficulty to tolerate new textures)?

Yes ☐ No ☐

Do you have concerns about hypersalivation? Yes ☐ No ☐

G. Social history

Does your child experience any difficulty separating from you at times of departures (ex. Daycare)?

Yes ☐ No ☐ If yes, how did you child react? _____

Your child prefers to play with children:

Of his own age ☐ Younger ☐ Older ☐ He prefers to play by himself ☐

What are your child's hobbies? _____

_____

How much time does your child spends in front of a TV/phone screen on a typical day? _____

How does your child behave and interact with his siblings (skip this question if your child does not have siblings): _____

_____

How does your child get along with his peers? _____

_____

How does your child react when there is a conflict? _____

_____

Please describe your child's personality/temperament: _____

_____

_____

H. School history

Daycare/School: _____ Year: _____

☐ CPE ☐ Private daycare ☐ Family daycare

Daycare's/School's address: _____

Phone number: _____

Educator's/Teacher's name: _____

Did the educator/teacher mention any concern about your child? Yes ☐ No ☐

Please, explain: _____

At what age did your child start his current daycare? _____

If the current daycare is not your child's first daycare, at what age did you child start going to daycare? _____

If the current daycare is not your child's first daycare, what motivated you to switch? _____

_____

How many days a week does/did your child go to daycare? _____

What is the language of instruction? _____

Please summarize your child's strengths and weaknesses for each academic level in regards to his academic skills, his emotional regulation, his behavior, his language and his social skills.

Daycare: _____

_____

Kindergarten: _____

_____

Cycle One (Grade 1 and 2): _____

_____

Cycle Two (Grade 3 and 4): _____

_____

Cycle Three (Grade 5 and 6): _____

_____

Was your child held back in school? If yes, which grade? _____

Does your child benefit from academic accommodations? Yes ☐ No ☐

☐ Individualized Education Plan (IEP) ☐ Special Education Technician

☐ Assistive technologies (ex. Laptop) ☐ Other: _____

☐ Extra time to complete exams

Who helps your child with his homework? _____

How much time does it usually take your child to complete his homework? _____

I. Medical history

Family doctor / Pediatrician: _____

Address: _____

Phone number: _____

Is your child in overall good health? Yes ☐ No ☐

If no, please explain: _____

Has your child ever been hospitalized? Yes ☐ No ☐

If yes, when and why? _____

Does your child suffer from a chronic disease (ex. Asthma, diabetes)? _____

Does your child take a medication? Yes ☐ No ☐

If yes, what are the medication and the dosage? _____

Does your child have any allergies? Yes ☐ No ☐

If yes, please explain: _____

Has your child ever completed an eye exam? Yes ☐ No ☐

Were the results normal? Yes ☐ No ☐

If no, what was the problem?

Astigmatism ☐ Myopia ☐ Hypermetropia ☐ Strabismus ☐ Legally blind ☐ Other ☐

Has your child ever completed a hearing test? Yes ☐ No ☐

If yes:

At what age? _____ Where? _____

Were the results normal? Yes ☐ No ☐

If no, what was the problem? _____

Has your child ever had an ear infection? Yes ☐ No ☐

If yes, at what age and how many has he had since the first one? _____

Has your child had a myryngotomy and tubes? Yes ☐ No ☐

Has your child seen any other specialist or health professional in the past?

☐ Speech-Language Pathology _____ ☐ ENT _____

☐ Occupational therapy _____ ☐ Pedopsychiatry _____

☐ Audiology _____ ☐ Neurology _____

☐ Psychology_____ ☐ Other: _____

Do you or did you receive services from:

☐ CLSC ☐ CRDI ☐ Social worker

***** Please, bring a copy of all reports that you have! *****

Please, add any information that was not previously mentioned that could be useful for the evaluation and/or therapy of your child. , or any information that could help us understand better your child's needs.

We thank you for taking the time to complete this questionnaire.

Person completing the questionnaire: _____ Relationship to the child: _____

Signature: _____ Date: _____