

# Quick Developmental Interview

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ girl boy

Reporter/Relation: \_\_\_\_\_ Person Completing Interview: \_\_\_\_\_

## Please tell me something you like about your child?

What is he/she good at? What do you like to do together?

## Who lives in your home?

Who does your child live with? *List parents, partners, aunts/uncles, grandparents, friends, and siblings/cousins (with ages)*

## What languages are spoken in your home?

Who speaks what languages to whom? *Make notations above (e.g., Dad 100% Sp, Mom 100%Sp w/ Dad, some Eng w/child)*

## What languages does your child speak?

What language(s) does child use... most? ... with parents? ... with siblings? ...prefer for TV/movies/videogames?

What language did child speak first?

About how old was your child ...when he/she was first exposed to English, and how/where?

...when she/he started speaking English?

## Thinking back to before your child was born...how did the pregnancy go?

Full-term?  yes  no, how and why early? \_\_\_\_\_

Any pregnancy complications (medical, trauma)?  no  yes, what were they? \_\_\_\_\_

Did doctors have any concerns about the pregnancy (require bed rest or other special care)?  no  yes, what? \_\_\_\_\_

## Some moms smoke cigarettes, drink alcohol, or use substances during pregnancy.

Did this happen with this pregnancy?  no  yes (*circle*): tobacco alcohol marijuana crack/cocaine meth-amphetamine heroin other: \_\_\_\_\_

When during the pregnancy and how frequently?

## How did the delivery go?

Natural/vaginal  C-section (*circle*): planned or emergency: What prompted the C-section? \_\_\_\_\_

Any delivery complications?  no  yes, what were they? \_\_\_\_\_

Was child breathing and healthy at birth?  yes  no, what were the concerns? \_\_\_\_\_

Did doctors have any concerns?  no  yes, what concerns? \_\_\_\_\_

Did child require any special medical care, (incubator, oxygen to breath, extended time at hospital)?  no  yes, what? \_\_\_\_\_

## Thinking back to your child's early years...

Approximately when did your child... first walk? \_\_\_\_\_ ...speak first words? \_\_\_\_\_ ...speak 2-3word phrases? \_\_\_\_\_

When she/he was 3 years old was she/he speaking a lot?  yes  no  
(e.g., using about 800 words, using 4-6 word sentences, asking "what" and "who" questions, answering simple questions)

Could you understand what your child was saying?  yes  no Could other people?  yes  no

Did your child seem to develop like other children?  yes  no – How different? \_\_\_\_\_

Did other family members/friends have concerns about your child's development?  no  yes – What concerns? \_\_\_\_\_

Did doctors have any concerns?  no  yes – What concerns and what happened? \_\_\_\_\_

Did your child receive any early intervention services?  no  yes (*circle*): birth-to-three speech therapy special ed. preschool other: \_\_\_\_\_

Was your child ever evaluated or eligible for special education?  no  yes – Please tell me about it: \_\_\_\_\_

Did your child attend daycare or preschool?  no  yes – How did he/she do?: \_\_\_\_\_

Did teachers have any concerns?  no  yes – What were they? \_\_\_\_\_

## How is your child's health?

How many ear infections has your child had? \_\_\_\_\_ At what ages did they occur? \_\_\_\_\_ How were they treated? \_\_\_\_\_

Has your child ever had (*circle and have parent describe*):  
serious illnesses    seizures    serious accidents    head injuries involving loss of consciousness    visual or hearing problems    operations

Does your child take any medications now?  no  yes – Why? \_\_\_\_\_

Does your child have any continuing medical problems?  no  yes – What? \_\_\_\_\_

Would you describe your child as being in good general health?  yes  no

## Is there a family history of any...?

When you were a student, was learning to read, write, and do math easy or hard?

Learning challenges?  mother/parent1  father/parent2  sibling(s): \_\_\_\_\_  other relative: \_\_\_\_\_

Learning disabilities?  mother/parent1  father/parent2  sibling(s): \_\_\_\_\_  other relative: \_\_\_\_\_

Speech services?  mother/parent1  father/parent2  sibling(s): \_\_\_\_\_  other relative: \_\_\_\_\_

Special education?  mother/parent1  father/parent2  sibling(s): \_\_\_\_\_  other relative: \_\_\_\_\_

Please tell me more about this:

## Do you have any questions or concerns about your child?

What do you hope to gain from this evaluation?

**Thank you for all your thoughtful answers! Do you have any questions for me?**