VISION DEVELOPMENT INSTITUTE

Towne Centre Offices, 1789 S. Braddock Ave Pittsburgh PA 15218
Phone (412) 731-5007 FAX (412) 731-5251

Date ________________

The information requested below is desired for the sole purpose of gaining an understanding of the applicant. Please answer all questions that are applicable, as fully as possible and return this form to the above address. All information contained herein will remain confidential.

Applicant's Name ______________________________

Sex ________ Age ________ Birth Date ______________

Father ______________ Phone (H) ______________ (W) ______________

Mother ______________ Phone (H) ______________ (W) ______________

Home Address ______________________________

____

Pre-School Name and Address ______________________________

____

Who Referred You: ______________________________

Specific Reason For Referral: ______________________________

What do you want to find out from the exam: ______________________________

____

Family History	Mother	Father
Occupation:		
Birth Place:		
Marital Status: (dates)	Married	Married
	Divorced	Divorced
	Remarried	Remarried
	Widow	Widower
General Health:		

	Mother	Father
Highest Grade Completed:		
Any Educational Difficulties:	Yes No	Yes No
If yes, describe:		
Language spoken in home:		
Other Languages:		

Brothers and Sisters	Oldest	Next Oldest	Next	Next
Age				
Sex				
Grade Completed				
Any Educational Difficulties?				
If yes, describe:				

DEVELOPMENTAL HISTORY

Is applicant adopted? If yes, does applicant know this?

Age when adopted? Was pregnancy full term?

Any complications before, after or during delivery? If so, describe:

At what age did the following occur ?

First Tooth Creeping Crawling

Was it good "all fours" crawling? If otherwise, describe

Sitting Alone Walking Alone Feeding Self

Voluntary daytime control of Bladder Toilet Training

Does child have any elimination problems?

State any colic or early management problems:

Can your child dress him(her)self? Button clothes?

Tie bows Zip zippers? Lace shoes?

When did Child show tendency to establish handedness?

What hand does child prefer to use for eating? for Writing? for Drawing?

in Usual Play? Which foot is used for kicking?

MEDICAL HISTORY

Has child had any serious accidents, operations or unusual illnesses such as high-fever, prolonged confinement, etc. ? If so, please specify accidents and/or illnesses and the DATES they occurred:

Please state any existent allergies:

When was child's last physical examination? Any chronic problems?

Taking medication, if so what?

Has child been referred to neurologist? If so, for what reason?

Does the child have a handicap? If so, what is the nature of the handicap, and what information can you supply about the cause?

VISUAL HISTORY:

Have your child's eyes been examined before?

Describe any symptoms of apparent visual stress:

Are there any known ocular or visual problems?

LANGUAGE DEVELOPMENT SKILLS:

At what age did child babble (eg. ba ba, ah ah ah)? __________
At what age did child say first word (eg. mama, all gone, bye, hi)? ________
What was child's earlies two word phrase (eg. bye-bye daddy, mama shoe, baby milk)?
__________________________________ at what age? ________
At what age did child speak first sentence (eg. daddy hurt finger, mama kick ball)? ________
What sentence did child say?____
What was child's first question?____ at what age? ________
What was child's first "why" ? ____ at what age? ________
Does child have a speech or language deficit? ________
If so has any attempt been made to correct it? ________ by Whom?______________________________

SLEEP PATTERNS:

Does child require a lot of sleep? ______________________________________
Does child sleep soundly? ____
When did child stop taking naps? ______________________________________
What are the usual hours of sleep? From _________ to ___________
Does child awaken fresh and rested? _________________
Does fatigue result in sag, excitability or irritability? _____________________

EATING HABITS:

Is child a good eater ? __________________________________
Is intake low, medium or large ? ________________________
Does your child take vitamin supplements? ________________
Describe:____
Is there a good variety of nutritious foods? ________________
Is there a high desire for sweets? ________________________

FAMILY AND HOME SITUATIONS:

State any symptoms of anxiety such as nail-biting, eye blinking, or excessive eye rubbing, tantrums, or tongue chewing, etc.

____

____

What type of discipline is most effective in guiding your child?

____

What adults besides the parents play an active part in guiding your child?

____

What responsibilities does your child have at home?

____

Describe the special interests of child:

____

How many hours a day does child watch television? What type program?

____

Which of the following activities can child carry out alone? (comment)
Toilet alone
Picking up toys

How often does child on his or her own initiative do the following activities:

	Never	Sometimes	Often
Play alone			
Look at books			
Finger/ poster paint			
Use crayons / markers			
Listen to records / tapes			
Build with blocks			
Ride riding toys (big wheel, etc)			
Play with balls			
Play with puzzles			
Play with dolls			
Imaginary games			

GENERAL SCHOOL ADJUSTMENT:

Please list the nursery schools or kindergarten child has attended:

Name	Location	Age Grouping

Describe any school activities that your child likes more than others:

Does child demonstrate separation difficulties?
Does child interact with other children?
Is child comfortable with school teachers?
Does child play primarily by him(her)self?
What age child does your child prefer to work and play with?
Older Same Younger What sex?

BEHAVIORAL CHARACTERISTICS:

Following is a list of characteristics which can often be observed. Please circle the most appropriate response for each item as it relates to your child.

Cries	Often	At Times	Rarely	Never	Don't Know
Daydreams	Often	At Times	Rarely	Never	Don't Know
Is friendly	Always	Usually	Rarely	Never	Don't Know
Gets in fights	Often	At Times	Rarely	Never	Don't Know
Is happy, light-hearted	Always	Usually	Rarely	Never	Don't Know
Interacts with adults	Often	At Times	Rarely	Never	Don't Know
Must prod to get things done	Always	Usually	Rarely	Never	Don't Know
Follows through on tasks	Always	Usually	Rarely	Never	Don't Know

Listens to adult reason	Always	Usually	Rarely	Never	Don't Know
Is nervous, irritable	Always	Usually	Rarely	Never	Don't Know
Obeys	Always	Usually	Rarely	Never	Don't Know
Talks back	Always	Usually	Rarely	Never	Don't Know
Has temper tantrums	Often	At Times	Rarely	Never	Don't Know
Is timid , shy	Always	Usually	Rarely	Never	Don't Know
Has strong fears	Many	Some	Few	None	Don't Know
Becomes discouraged	Easily	At Times	Rarely	Never	Don't Know
Is dominated by other children	Often	At Times	Rarely	Never	Don't Know
Takes lead with peers	Often	At Times	Rarely	Never	Don't Know
Shares toys with peers	Often	At Times	Rarely	Never	Don't Know

Please describe any other characteristic(s) of your child that we should be aware of, in order to meet his or her needs as fully as possible:

Your Signature   Relationship to applicant   Date

PLEASE RETURN PROMPTLY TO: Pre School-Age DEVA history form

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Enclosures