

Bedford Early Education Program  
Developmental Questionnaire

**Child Information**

Child's Name: (First, Middle, Last)	Nickname:
Date of Birth:	City of Birth:
Gender:            M            F	Ethnicity:

**Family Information**

Mother's Name:	Father's Name:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:
Legal Guardian(s):	Marital Status:
Primary Language:	Other languages spoken:
Other people living in the home:	
Describe any family history of learning challenges or disabilities:	
Describe any circumstances/changes in the home:	

**Birth History**

Full Term _____ or Premature _____    How many weeks?
Describe any notable occurrences during pregnancy and/or delivery:
Describe any special care after birth or birth defects/conditions:

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**Health History**

Describe any medical diagnosis your child has been given:
Describe any serious and/or chronic illnesses, accidents, hospitalizations, surgeries:
Any history of seizures/convulsions (if yes, please explain):
List any allergies your child has:
Describe any medications and/or special diet:
Any difficulty with eating/swallowing (if yes, please explain):
Please indicate any pediatricians and/or specialists, therapists, agencies that have been involved with your child. Comment on any evaluations and/or treatment:

**General Developmental History**

Indicate the approximate age at which your child accomplished the following:		
Held head erect:	Rode tricycle:	Fed self with a spoon:
Sat unsupported:	Climbed stairs:	Gave up bottle:
Crawled:	Ate solid foods:	Drank from cup:
Walked:	Finger fed self:	Dressed self:
Toilet trained day:	Toilet trained night:	

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**Motor Development**

Describe any questions/concerns about your child's motor development:	
Check any of the following that apply to your child:	
_____ Seems accident prone	_____ Falls frequently
_____ Moves cautiously	_____ Movement is quick/unpredictable
_____ Feels floppy	_____ Feels stiff
_____ Walks on toes often	
_____ Uses one side of the body differently from the other	
_____ Seeks positions closer to the ground (e.g. lies down to play)	
_____ Seeks support when seated (e.g. leans against surface, props self up)	
How does your child get from one place to another (e.g. crawls, walks)?	
Does your child have a hand preference for skilled tasks (e.g. throwing a ball, using utensils)? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>Left</span> <span>Right</span> <span>No Preference</span> </div>	

**Hearing**

Describe any questions/concerns about your child's hearing:			
Explain any history of ear infections:			
Has your child's hearing been tested? Please explain.			
Check any of the following to which your child responds:			
_____ Doorbell/phone	_____ Speech when facing speaker	_____ Speech from another room	
_____ Speech with back to speaker	_____ Children playing outside	_____ Truck/motorcycle outside	
_____ Whispered speech			
What volume of speech does your child typically use?		Soft	Average
At what volume does your child listen to the TV/music?		Soft	Average
		Loud	Loud

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**Speech and Language Development**

Describe any questions/concerns about your child's speech and language development:	
Check any of the following that apply to your child:	
<input type="checkbox"/> Drools frequently	<input type="checkbox"/> Babbled/cooed in the first 6 months of age
<input type="checkbox"/> First word by 1 year of age	<input type="checkbox"/> Combined 2-3 words by 30 months
<input type="checkbox"/> Complete sentences by 4 years old	<input type="checkbox"/> Babbled/talking started, then stopped
<input type="checkbox"/> Responds to his/her name	<input type="checkbox"/> Follows directions
Describe your child's speech commenting on frequency, effectiveness, and style of communication (e.g gestures, single words). Provide an example of your child's typical speech:	
Check the <b>one</b> statement that best represents your child's ability to understand speech:	
<input type="checkbox"/> Does not understand what is said	
<input type="checkbox"/> Understands some of what is said	
<input type="checkbox"/> Understands what is said when speaker gestures	
<input type="checkbox"/> Understands familiar statements or questions	
<input type="checkbox"/> Clearly understands most everything said	
Check the <b>one</b> statement that best represents your child's ability to communicate:	
<input type="checkbox"/> Does not attempt to communicate wants/needs	
<input type="checkbox"/> Uses gestures/motions to communicate; no verbal communication	
<input type="checkbox"/> Babbles or uses sounds, but not for purposeful communication	
<input type="checkbox"/> Uses sounds in attempt to communicate	
<input type="checkbox"/> Uses mostly single words	
<input type="checkbox"/> Combines words into phrases/sentences that are understood by family but not others	
<input type="checkbox"/> Combines words that can be understood by most listeners	

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**Social Behavior**

Describe any questions/concerns you have about your child's social interactions/play with others:
Check any of the following that apply to your child:
<input type="checkbox"/> Smiles in response to a smile from others
<input type="checkbox"/> Cuddles like other children
<input type="checkbox"/> Looks at you when you are talking or playing
<input type="checkbox"/> Engages in reciprocal back and forth play (e.g. rolling a ball)
<input type="checkbox"/> Plays simple imitation games such as pat-a-cake, and/or imitates actions of others
<input type="checkbox"/> Shows interest in other children
<input type="checkbox"/> Gets stuck on things over and over; describe below
<input type="checkbox"/> Has a narrow range of interest or preoccupations; describe below
<input type="checkbox"/> Tantrums frequently; describe below
<input type="checkbox"/> Overly sensitive to certain textures/sounds; describe below
Additional Comments:
Describe your child's favorite toys/activities:
Check any of the following that apply to your child's play with toys/objects:
<input type="checkbox"/> Lines things up
<input type="checkbox"/> Demonstrates creativity in play (e.g. uses a block as a microphone)
<input type="checkbox"/> Plays with toys in the same exact manner each time
<input type="checkbox"/> Attends more to the parts of a toy (e.g. spinning the tires on a car)
<input type="checkbox"/> Develops extended play schemes (e.g. care of a baby doll, building in workshop)
<input type="checkbox"/> Strong attachment to a toy or object (e.g. only plays with the blue car)
Describe any opportunities your child has to interact with other children and how they interact:
Describe how you discipline your child and how s/he responds:

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**Learning Behavior**

Describe any questions/concerns you have about your child's learning ability:		
Check any of the following that apply to your child:		
_____ Gives "one"	_____ Counts to # _____	_____ Identifies numbers
_____ Looks at books	_____ Points to pictures	_____ Identifies letters
_____ Stacks blocks	_____ Picks up small items	_____ Puts puzzles together
_____ Uses crayon/pencil	_____ Scribbles	_____ Draws recognizable shape/letter
How does your child handle problem-solving challenges (e.g. opening a box)?		
_____ Easily frustrated	_____ Persists for a while and gives up	_____ Persists for a while and asks for help
_____ Persists to completion or solution		

**Self Help**

Describe any questions/concerns that you have about your child's self help skills:		
Check any of the following that apply to your child:		
_____ Drinks from a straw	_____ Buttons large buttons	_____ Washes/dries hands
_____ Assists in dressing self	_____ Brushes teeth with help	_____ Blows/wipes nose
_____ Completely dresses self	_____ Brushes/combs hair	_____ Uses the toilet

<p>Explain why you and your child would like to participate in the Bedford Early Education Program. If your child is being screened or evaluated, please explain what you hope to gain from the process.</p>
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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_