NEWMEADOW
Developmental and Social Questionnaire (CPSE)

Child's name_____ Date of Birth_____
First Middle Last

Nickname_____

ADULTS WITH WHOM CHILD IS LIVING

Name Relationship Type of Work

_____

_____

_____

SIBLINGS

Name Age Sex Living at home?

1._____

2._____

3._____

4._____

Describe any medical, social or educational difficulties of any direct family member._____

_____

Who referred you to our school?_____

Brief summary of your main concern and when it began._____

_____

Describe any other concerns that you have about your child's current skills (such as social skills, attention, problem solving, etc.). _____

_____

Does your child's doctor share the same concern(s)?_____

What are your child's strengths? _____

_____

PREGNANCY AND BIRTH HISTORY

Describe any problems (medications, diabetes, etc.) during pregnancy._____

_____

Length of pregnancy_____ Duration of labor_____

Method of delivery_____Birth weight_____APGAR score_____

Describe baby's condition at birth, list any complications after birth._____

_____

_____

Describe any medical treatments to the baby after birth._____

HEALTH HISTORY

Describe any illnesses, accidents or hospitalizations your child has experienced since birth._____

_____

Describe any special medical conditions (seizures, allergies, etc.) we should be aware of._____

_____

DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child reached the following developmental milestones. If you cannot recall exactly or your child has not accomplished it at this time, check the appropriate column.

	Age Attained	Early	Normal Time	Late	Not Yet
Sat without support					
Walked without assistance					
Spoke first words (other than "ma-ma" or "da-da)					
Said sentences					
Toilet trained					

Do you consider your child to understand directions and situations as well as other children the same age? _____
If not, please explain. _____

EXPRESSIVE LANGUAGE

Can your child:	Yes	No
Make his/her needs known?	_____	_____
Say first and last name?	_____	_____
Answer simple questions appropriately?	_____	_____
Ask simple questions?	_____	_____
Speak in short sentences?	_____	_____
Relate experiences?	_____	_____

SCHOOL

Has your child attended a nursery school or preschool program?_____

If yes, state name of program(s) and length of time attended._____

If your child has had nursery school or preschool experience, check the following if it has been mentioned as being a concern by the teacher:

_____ Sitting still in seat
_____ Waiting for turns
_____ Cooperating in group activities
_____ Requiring more one-to-one attention
_____ Respecting the rights of others
_____ Paying attention during storytelling

Describe any other school or peer problems._____

_____

HOME BEHAVIOR

All children exhibit, to some degree, the kinds of behavior listed below. Check the degree to which you believe your child exhibits each behavior when you compare your child to other children of the same age.

	HIGH	AVERAGE	LOW
Activity level			
Frequency of temper outbursts			
Frequency of physical aggression			
Awareness of danger			

	GOOD	POOR
Ability to learn from experience		
Memory		
Attention span		
Self control		

Describe any recent changes in your family (i.e. moving, separation, divorce, death,new baby). _____

_____

SOCIAL/EMOTIONAL DEVELOPMENT

What does your child like to do when playing (toys, outdoor activities, pretend play, etc.)?_____

_____

Describe any particular fears or dislikes your child may have._____

_____

EATING/SLEEPING

List any food sensitivities or history of eating difficulties._____

Describe any sleep difficulties._____

BALANCE/COORDINATION

Describe your child's balance/coordination skills._____

_____

Describe how your child manipulates small toys._____

Has your child had experience at home with markers?_____crayons?_____scissors?_____

LIST NAMES AND ADDRESSES OF ANY OTHER PROFESSIONALS CONSULTED

1. _____

2. _____

ADDITIONAL REMARKS you feel will help us understand your child._____

_____

Form completed by_____ Date_____