

THE MATCH PARENT CHECKLIST

**A DEVELOPMENTAL
AND BEHAVIORAL HISTORY**

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MATCH DEVELOPMENTAL CHECKLIST

(Parent/Caregiver)

Parent's Name: _____ DOB: _____

Address: _____ DOI: _____

Phone: _____ Interviewer: _____

Student's Name: _____

How did you hear about Shelton?: _____

I. Please give a brief description of how you perceive your child. _____

II. FAMILY HISTORY

A. Immediate Family

Name	Relationship	Age	Handed-ness	Academic Problems	Superior Talents	Medical Problems

Name	Relationship	Age	Handed-ness	Academic Problems	Superior Talents	Medical Problems

B. Extended Family

Maternal Side	Academic Problems	Medical Problems

Paternal Side	Academic Problems	Medical Problems

Please list any history of emotional illness (schizophrenia, autism, depression, etc.):

Please list any history of genetic disorders (Down's syndrome, Tourette's syndrome, etc.):

Please list any history of medical problems (hypoglycemia, etc.):

III. PRE-NATAL HISTORY

A. Mother's health during pregnancy:

1. Please check any of the following pertaining to the pregnancy:

- infection _____
- toxemia _____
- diabetes _____
- injury _____
- emotional trauma _____
- under a physician's care _____
- prescription medications (list) _____
- non-prescription medications (list, including aspirin, cigarettes, alcohol, recreational drugs)

If medications were taken please list amount and frequency: _____

2. During the pregnancy did you consider yourself in an area of pollution? Please check those that apply:

- phosphate _____
- paper mills _____
- coal _____
- nuclear waste _____
- other _____

3. Number of previous pregnancies: _____

4. Amount of weight gained during pregnancy: _____

B. Labor and Delivery

1. Length of labor: _____
2. Please check any of the following pertaining to the labor:
prolonged _____
precipitous _____
3. Please check any of the following pertaining to the delivery:
LaMaze/natural childbirth _____
anesthetic _____
Cesarean _____
breech _____
forceps _____
4. Weight of the baby: _____
5. Length of baby: _____
6. Was the baby on time? _____
how early _____
how late _____
7. Please check any of the following pertaining to the baby at birth:
jaundice _____
needed oxygen _____
cord around neck _____
other _____
8. Did the baby have to stay in the hospital longer than the mother? _____
9. Surgery required: _____
10. Medication given to the baby: _____

IV. DEVELOPMENTAL

A. Physical

1. Has your child ever been hospitalized? _____
If so, how long? _____
Why? _____
2. Please check which of the following pertain to the physical development of your child:
surgery under a general anesthetic _____
accident where unconscious _____
seizures, convulsions, or epilepsy _____
If so, were seizures related to high fever? _____
allergies or asthma _____
medication:
what kind _____
how much _____

- "picky" eater _____
 "colicky" baby _____
 ear infections _____
 tubes _____
 medication _____
 eye problems _____
 glasses _____
 headaches _____
 stomach aches _____
 bed wetter _____
 accidents _____
 difficulty getting to sleep _____
 difficulty sleeping through the night _____
 difficulty waking up _____
 3. How is your child's health in general: _____
 4. Does your child exhibit difficulty:
 remembering _____
 absent minded _____
 knows something one day and forgets the next _____
 5. Does he favor one side over the other? _____
 handedness with pencil, utensils,
 throwing a ball _____
 what foot does he kick with _____
 6. Does he appear clumsy during any of the following
 activities:
 running _____ pouring _____
 walking _____ other _____
 7. When did the following first take place?
 sitting up _____ crawl _____
 talk _____ walk _____
 toilet trained _____ first rode a bike _____

B. Behavioral

1. Please check any of the following that describes your
 child:
 impulsive _____ bangs head _____
 explosive _____ bites nails _____
 daydreams _____ "clowney" _____
 depressed _____ cheats _____
 whiney _____ lies _____

2. Please check any of the following that describes your child:

hyperactive _____ irritable _____ happy _____
distractible _____ immature _____ excitable _____

3. Please check any of the following that describes your child:

feels good about himself _____
feels "dumb" _____
cries easily _____
enjoys new experiences _____

4. Please check any of the following that describes how your child behaves with other children:

gets along better with older children _____
gets along better with younger children _____
bullies _____
bosses _____
displays affection indiscriminately _____
easily taken advantage of _____
displays poor judgement _____
cruel _____

5. Please check any of the following that describes your child:

give up easily? _____
persevere to complete a task? _____

6. Check any of the following which your child shows sensitivity to or is distracted by

touch/kinesthetic stimuli _____
sound/auditory stimuli _____
light/visual stimuli _____

7. Does your child like his environment:

ordered and arranged _____
or
poorly organized _____

C. Speech/Language

1. Please check any of the following that pertain to your child's speech/language development:
 - unusually quiet baby _____
 - feeding problems _____
 - interest in sounds
 - environmental _____
 - human voice _____
 - early eye contact _____
 - babbling and interest in "playing" with sounds? _____
 - enjoy playing games such as
 - peek-a-boo _____
 - pat-a-cake _____
 - suspected hearing problem _____
 - dysfluencies/stuttering _____
2. Please indicate at what age your child began the following:
 - pointed to body parts ___ objects ___ pictures ___
 - followed directions _____
 - imitated words _____
 - first "true" words _____
 - put 2 and 3 words together _____
 - first tell a story using correct form _____
 - first tell a story using correct content: _____
3. Can people generally understand your child when he talks? _____

D. Motor

1. Check any of the following which pertains to your child's motor development:
 - catches a ball _____
 - throws a ball _____
 - hits a ball _____
 - kicks a ball _____
 - which foot _____
 - dresses himself _____
 - ties? _____
 - buttons? _____
 - zips? _____
 - use alternating feet when climbing stairs _____
 - skips _____
 - hop on one foot _____

cuts food _____
color within lines _____
cuts on a line _____
proper pencil grasp _____

E. Academic

1. Please check any of the following which pertains to your child academic development:

previously evaluated: _____
where _____
by whom _____
purpose _____
results/recommendations _____

school difficulties:
reading ___ math ___ writing ___
attention ___ spelling ___ other _____
underachiever _____
slow finishing work _____
repeated which grade (s) ___ _____

2. Please describe any remedial help: _____
3. Describe your child's adjustment to preschool or early grades: _____

Please rate your child on the following:

	Above Average	Average	Below Average
letter formation			
number or letter reversals			
rote counting			
alphabet knowledge			
reciting			
writing			
singing songs			
reciting nursery rhymes			
neatness with paperwork			
reading			
math			
writing			
legibility			
artistic ability			
musical ability			
mechanical ability			

Checklist: PROFILE SHEET

Within Normal Limits High Risk

001.0	II Family History (4)		
	1. Academic problems		
	2. Emotional illness		
	3. Genetic disorders		
	4. Metabolic disorders		
002.0	III. Pre-Natal History (2)		
	1. Pre-Natal		
	2. Labor and Delivery		
003.0	IV. Developmental (40)		
	1. Head injuries		
	2. Convulsive disorder		
	3. Allergies		
	4. Ear		
	5. Eye		
	6. Sleep disorder		
	7. Eating disorder		
	8. Developmental schedule (motor)		
	9. Handedness		
	10. Behavioral		
	.01 impulsive		
	.02 immature		
	.03 distractible		
	.04 hyperactive		
	.05 irritable		
	.06 stubborn		
	.07 weak self-concept		
	.08 problems relating to children		
	.09 problems relating to adults		
	.010 gives up too easily		
	.011 exposure to harmful drugs		
	.012 sensitive to sensory input		
	.013 disorganized		
	11. Speech/Language		
	.01 slow development		
	.02 articulation		
	.03 dysfluency		
	12. Motor		
	.01 slow development		
	.02 gross motor skills		
	.03 poor fine motor skills		
	13. Academic		
	.01 problems adjusting to school		
	.02 difficulty in school		
	.001 following directions		
	.002 reading		
	.003 writing		
	.004 spelling		
	.005 math		
	.03 underachiever		
	.04 slow in finishing work		
	.05 other abilities		
	.001 artistic		
	.002 musical		
	.003 mechanical		