

SHASTA HEAD START CHILD DEVELOPMENT, INC.

CHILD STUDY TEAM

Child

Name: _____ Age: _____ Date: _____

Center: _____ FW/HV: _____

CHILD & FAMILY DETAILS

Strengths/Interests: Home		School	
Adults			
Name		Relationship	Living in home?
Children			
Name		Age	Relationship
			Living in home?
Describe your family's living arrangements, any recent changes, etc.:			

HEALTH HISTORY

Describe your child's health history, including any health issues that may influence his/her behavior/academics or your ability to implement a behavior plan. How was mothers' pregnancy?

Describe your child's sleeping habits.

DEVELOPMENTAL HISTORY

Describe your child's achievement of developmental milestones, and any factors that might affect his/her development:

EDUCATIONAL/CHILD CARE HISTORY

Describe your child's participation in any other educational/child care programs.

INTERVENTION HISTORY

Describe your child's past involvement in any intervention services.

ADDITIONAL INFORMATION CONCERNS

Describe your concerns about your child's development or behavior.

Successful Interventions	Unsuccessful interventions