



Children's Developmental Clinic  
 301 Largo Road, CE123  
 Largo, MD 20774  
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## Parent Information Form

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information

*Diagnosis:* \_\_\_\_\_

*Medications:* \_\_\_\_\_

*Seizures:*                      Yes                      No                      Type: \_\_\_\_\_

*Endurance:*                      Low                      Medium                      High

*Allergies:*                      Yes                      No                      Type: \_\_\_\_\_

*Other Medical Information:* \_\_\_\_\_

### Child's Activities

What activities does the child like to play?

*Indoors:* \_\_\_\_\_

*Outdoors:* \_\_\_\_\_

What skills does the child perform?

*Locomotor: (Walking/Running):* \_\_\_\_\_

*Ball Skills: (Catching/Throwing):* \_\_\_\_\_

What assistance is needed?

*Adult supervision:* \_\_\_\_\_

*Adaptive equipment:* \_\_\_\_\_

### Communication

*Receptive (Does your child understand what is said to him/her?)* \_\_\_\_\_

*Expressive (Can your child state verbally what he/she wants?)* \_\_\_\_\_

*Does your child use an alternative method of communication (signs, gestures)? Please be specific.*

\_\_\_\_\_  
 \_\_\_\_\_

**Behavior Management**

Positive behaviors: \_\_\_\_\_

Challenges: \_\_\_\_\_

How do you handle behaviors that are of concern? \_\_\_\_\_

**Basic Skills**

Please circle specific areas of need and issues that are of importance for your child at this time:

- Motor            Gross motor skills, fine motor skills, range of motion, weight bearing, balance, physical fitness, use of special equipment, play skills, other: \_\_\_\_\_
- Mobility        Orientation, mobility, need for adaptive equipment \_\_\_\_\_
- Cognitive      Learning style, problem-solving strategies, reasoning \_\_\_\_\_
- Academic      Reading, writing, other: \_\_\_\_\_
- Social          Interactions with others, self-esteem, cooperation, other: \_\_\_\_\_
- Work Habits    Self-initiation, attention span, response to authority, neatness, speed, accuracy, independence, time on task, other: \_\_\_\_\_
- Behavior        Self-management, excesses, assertiveness, other: \_\_\_\_\_

**Other Comments**

Include any comments regarding the movement and play skills you observe or would like to have your child perform, as well as behaviors, language or preferences that you would like to share with the clinician:

\_\_\_\_\_  
\_\_\_\_\_

**Name of person completing this form:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Release**

*The Children’s Developmental Clinic has my permission to use photographs of my child, \_\_\_\_\_ in developing and promoting Clinic activities or events.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number