

# Child & Family History Checklist

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Checklist: \_\_\_\_\_

Relationship to Child:  Mother  Father  Grandparent  Other: \_\_\_\_\_

About Your Child. Did or do they have:				
Yes	No	Not Sure/ Have Not Tried	Behaviors/Indicators	Comments
			Delayed Speech	
			Trouble learning common nursery rhymes such as "Jack and Jill"	
			Difficulty learning (and remembering) the names of the alphabet	
			Seems unable to recognize letters in his/her own name	
			Mispronounces familiar words; persistent "baby talk"	

Adapted from Yale Center for Dyslexia & Creativity

About Your Family Members. Did or do they have:				
Yes	No	Not Sure	Behaviors/Indicators	Comments
			Did you or other family members struggle with reading, writing, or spelling? If so who?	
			Did you or other family members have difficulty learning letter and/or color names when you/they were a child? If so who?	
<b>Other Comments about family reading history:</b>				

Adapted from Yale Center for Dyslexia & Creativity and International Dyslexia Association

**Please note this is only a screener and does not constitute a formal evaluation or diagnosis of either the parent or the child.**