

Developmental Factors/History

The items in this section are required for any child who is developmentally disabled, and, may be rated for anyone if they represent a need for the child. The N/A option is generally used for items in this domain when a child is older than five years old AND the item does not represent a specific need for the child.

For Developmental Factors/History, the following categories and action levels are used:

0 = A dimension where there is no evidence of any needs.

1 = An identified need that requires monitoring, watchful waiting, or preventive activities.

2 = Action or intervention is required to ensure that the identified need is addressed.

3 = Intensive, immediate action is required to address the need.

Question to Consider for this Domain: What is the developmental history of the child? **Please rate based on history reported from all sources.**

64. MOTOR - This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor development.

Questions to Consider

- What is reported regarding the child's motor development during early childhood?
- Did the child meet motor related developmental milestones?

Ratings & Definitions

- The child's development of fine and gross motor functioning appears normal.
- 0** There is no reason to believe that child had any problems with motor development.
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- Child had mild fine (e.g. using scissors) or gross motor skill deficits. Child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
- 1**
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- Child had history of had moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn that does not have a sucking reflex in the first few days of life would be rated here.
- 2**
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- Child had severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.
- 3**

65. SENSORY - This rating describes the history of child's sensory functioning and development. Sensory functioning includes the ability to use all senses including vision, hearing, smell, touch, and kinesthetic.

Questions to Consider

- Did the child have hearing or visual impairment; did s/he have sensory impairments in childhood?
- Did the child become easily overwhelmed by sensory stimuli?

Ratings & Definitions

- The child's sensory functioning appears normal. There is no reason to believe that the child had any problems with sensory functioning.
- 0**
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- Child may have had a mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
- 1**
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- Child may have had a moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
- 2**
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- Child may have had a significant impairment on one or more senses (e.g. profound hearing or vision loss).
- 3**

66. COMMUNICATION - This rating describes the child’s language and communication development and his/her history of communicating through any medium including all spontaneous vocalizations and articulations. This item refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges expressing feelings.

Questions to Consider

- What is reported regarding the child’s language development during early childhood?
- Did the child meet language related developmental milestones?

Ratings & Definitions

- 0** No evidence of communication problems.
Child may have had a history of communication problems but currently is not experiencing problems. An infant rarely vocalized. A toddler may have had very few words and became frustrated with expressing needs. A preschooler may be difficult for others to understand.
- 1** Child likely had either receptive or expressive language problems that interfere with functioning. Infants may have had trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not have followed simple 1-step commands. Preschoolers may have been unable to understand simple conversation or carry out 2-3 step commands.
- 2** Child had serious communication difficulties (i.e. unable to communicate in any way including pointing and grunting).
- 3** Child had serious communication difficulties (i.e. unable to communicate in any way including pointing and grunting).

67. AUTISM SPECTRUM - This dimension describes presence of autism spectrum disorders.

Questions to Consider

- Was the child diagnosed or evaluated for autism or spectrum disorders?

Ratings & Definitions

- 0** There is no history of autism spectrum disorders.
Evidence of a low end Autism Spectrum Disorder. The child may have had symptoms of autism but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on the development.
- 1** This rating indicates a child who met criteria for a diagnosis of Autism.
- 2** This rating indicates a child who met criteria for autism and had a history of high end needs to treat and manage severe or disabling symptoms on the autism spectrum.
- 3** This rating indicates a child who met criteria for autism and had a history of high end needs to treat and manage severe or disabling symptoms on the autism spectrum.

68. FAILURE TO THRIVE - Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

Questions to Consider

- Did the child ever get diagnosed with failure to thrive? If so, why?
- Do any reports indicate that the child had difficulty gaining weight or growing?

Ratings & Definitions

- 0** Child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
- 1** Child had mild delays in physical development (e.g. is below the 25th percentile in terms of height or weight).
- 2** Child had significant delays in physical development that could be described as failure to thrive (e.g. is below the 10th percentile in terms of height or weight).
- 3** Child had severe problems with physical development that puts their life at risk (e.g. is at or beneath the 1st percentile in height or weight).

69. REGULATORY PROBLEMS - This category refer to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

Questions to Consider

- Did the child meet developmental milestones related to self-regulations?

Ratings & Definitions

- 0** Child did not have problems with self-regulation.

- 1** Child had mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).

- 2** Child had moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).

- 3** Child had profound problems with self-regulation that placed his/her safety, wellbeing, and/or development at risk (e.g. child cannot be soothed at all when distressed, child cannot feed properly).

70. BIRTH WEIGHT - This dimension describes the child’s birth weight as compared to normal development.

Questions to Consider

- How did the child’s birth weight compare to typical averages?

Ratings & Definitions

- 0** Child was within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.

- 1** Child was born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.

- 2** Child was considerably underweight at birth to the point of presenting a development risk to him/her. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.

- 3** Child was extremely underweight at birth to the point of threatening his/her life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

71. PRENATAL CARE - This dimension refers to the health care and birth circumstances experience by the child in utero.

Questions to Consider

- What kind of prenatal care did the biological mother receive?
- Did the mother have any unusual illnesses or risks during pregnancy?

Ratings & Definitions

- 0** Child’s biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child’s mother did not experience any pregnancy-related illnesses.

- 1** Child’s mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.

- 2** Child’s biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.

- 3** Child’s biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

72. SUBSTANCE EXPOSURE - This dimension describes the child’s exposure to substance use and abuse both before and after birth.

Questions to Consider

→ Was the child exposed to substances during the pregnancy? If so, what substances?

Ratings & Definitions

- 0** Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
- 1** Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
- 2** Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
- 3** Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

73. LABOR AND DELIVERY - This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

Questions to Consider

→ Were there any unusual circumstances related to the labor and delivery of the child as baby?

Ratings & Definitions

- 0** Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
- 1** Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the baby would be rated here.
- 2** Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
- 3** Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

74. MATERNAL AVAILABILITY - This dimension addresses the primary caretaker’s emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.

Questions to Consider

→ Was the primary caregiver available to meet the child’s needs in the first 3 months after birth?

Ratings & Definitions

- 0** The child’s mother/primary caregiver was emotionally and physically available to the child in the weeks following the birth.

- 1** The primary caregiver experienced some minor or transient stressors, which made her slightly less available to the child (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).

- 2** The primary caregiver experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more child in the house under four years of age).

- 3** The primary caregiver was unavailable to the child to such an extent that the child’s emotional or physical well being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).

75. CURIOSITY - This rating describes the child early childhood or developmental history with self-initiated efforts to discover his/her world.

Questions to Consider

→ Did the child attempt to explore their world with all of their senses during early childhood?

Ratings & Definitions

- 0** This level indicates a developmental history marked by exceptional curiosity. Infants displayed mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.

- 1** This level indicates a history of good curiosity. An ambulatory child who did not walk to interesting objects, but who actively explored them when presented to him/her, would be rated here.

- 2** This level indicates a history with limited curiosity. Child may have been hesitant to seek out new information or environments, or reluctant to explore even presented objects.

- 3** This level indicates a history of marked limited or no observable curiosity. Child may seem frightened of new information or environments.

76. PLAYFULNESS - This rating describes the child’s developmental history with respect to playfulness or enjoyment of play alone and with others.

Questions to Consider

- Was the child playful during early childhood?
- Did the child engage in symbolic or pretend play as expected?
- Did the child meet social milestones related to play (i.e. sharing, imagination, etc.)?

Ratings & Definitions

- 0** This level indicates a child with substantial history and ability to play with self and others. S/he enjoyed play and regularly engaged in symbolic and means-end play.
- 1** This level indicates a child with history of with good play ability. Child may have had enjoyed play only with self or only with others, or may have enjoyed play with a limited selection of toys.
- 2** This level indicates a child with limited early childhood history of ability to enjoy play. S/he may have remained preoccupied with other children or adults to the exclusion of engaging in play, or may have exhibited impoverished or unimaginative play.
- 3** This level indicates a child who had significant difficulty with play both by his/her self and with others. Child did not engage in symbolic or means-end play, although he or she handled and manipulated toys.

77. TEMPERAMENT - This rating describes the child’s early developmental mood state and ability to be soothed.

Questions to Consider

- During infancy, how easily did the child get upset?
- When upset, how easy was it to help the child calm down?

Ratings & Definitions

- 0** This level indicates a child who had an easy temperament. S/he was easily calmed or distracted when angry or upset.
- 1** This level indicates a child with some history of mild problems being calmed, soothed, or distracted when angry or upset. S/he may have had occasional episodes or extended crying or tantrums.
- 2** This level indicates a child who had a difficult temperament. S/he had difficulty being calmed, soothed, or distracted. Persistent episodes of crying, tantrums or other difficult behaviors are observed.
- 3** This level indicates a child who had significant difficulties being calmed, soothed, or distracted when angry or upset as a child. Repeated and extreme persistent episodes of crying, tantrums or other difficult behaviors were observed when s/he was angry or upset.

78. FEEDING/ELIMINATION - This category refers to all dimensions of eating and/or elimination during infancy/childhood. Pica would be rated here.

Questions to Consider

- Did the child have any difficulties with breast or formula feeding?
- Did the child have any issues in the transition to solid foods?
- Did the child have any unusual difficulties with urination or defecation?

Ratings & Definitions

- 0** Child did not appear to have had any problems with feeding or elimination.
- 1** Child had mild problems with feeding and/or elimination (e.g. picky eating).
- 2** Child had moderate to severe problems with feeding and/or elimination. Problems are interfering with functioning in at least one area.
- 3** Child had profound problems with feeding and/or elimination.

79. DAYCARE/PRESCHOOL - This item identifies any history for child of difficulties in a day care or preschool setting.

Questions to Consider

- Did the child have interpersonal or other difficulties in play, day care or preschool settings?

Ratings & Definitions

- 0** This level indicates an individual with no history of problems in day care or preschool environments.

 - 1** This level indicates an individual with mild history of problems in day care of school environments.

 - 2** This level indicates an individual who had difficulties in day care or preschool environments. These problems may include things such as separation anxiety or difficult behavior.

 - 3** This level indicates an individual who had significant problems in day care or preschool environments. Individual may have been asked to stop attending.
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