



Date: May 18 2022 Person completing form: Tess ATTIE

Child's name: Lana ATTIE BENNETT

Date of Birth: March 12 2019

Address: 825 Brickell Bay Drive Apt 1050

City: Miami State: FL Zip: 33131

Telephone: 3054974022 (cell phone#) 3054871211 (dad phone)

Email: tessattie@gmail.com

Mother's Name: Tess ATTIE

Occupation: Self employed

Father's Name: Alessandro BENNETT

Occupation: Self Employed

Business Phone (mother): 3054974022 (father): 3054871211

Parent's marital status: married: ☒ divorced: ☐ separated: ☐ other: ☐

Is child adopted? Yes ☐ No ☒ If yes, at what age?

Other children in your family:

Name(s)	Age	Sex	Concerns and/or Diagnosis
<u>Wayne Rudy BENNETT</u>	<u>1</u>	<u>M</u>	<u>-</u>

Other than immediate family, are there others living in your home?

Yes ☒ No ☐

Who? Nanny

Who is your child's primary caregiver during the day? Mother

What language(s) does the primary caregiver speak to your child? French

What language(s) do the parents speak to:

Each other: French - English

This child: Mostly french, sometimes english

Other language(s) your child is exposed to:

English at school and spanish and Creole with nanny

Language(s) your child uses: French and english

INFORMATION REGARDING YOUR CHILD

Describe your concerns (e.g., walking, hearing, speech learning, ect.)

Anemic - does not like to eat normal food appart from sugar. Maybe concerned with speech

At what age was the issue first noticed? Since she started eating. She was always picky

Is there any one in the family with a history of a developmental issue/delay (e.g., cerebral palsy, mental retardation, learning)?

None

Does your child have any issues that require special equipment (e.g., splints, eyeglasses, wheelchair, hearing aid?) Yes: ☐ No: ☒

Describe:

Have you consulted others about your child's area of concern? Yes ☒ No ☐

If yes, whom and what was the outcome?

Just her school teacher who says she eats at school but usually only eats grains

No vegetables and rarely eats meat

Is your child receiving any special services (e.g., Physical Therapy, Occupational Therapy, Speech-language Therapy)?

Yes ☐ No ☒

If so, which services and where?

Prenatal and Birth History

Was mother's health good during pregnancy with this child? Yes X No _____
If no, then explain : _____

Was delivery normal with this child? Yes X No _____
If no, then explain (e.g., cesarean section, forceps, breech, etc.)? _____

Child's birth weight: 7lbs12oz Length of hospital stay 2 nights Did your child have any complications after birth (e.g., seizures, breathing problems, require oxygen etc.)?
yes _____ no X
If yes, explain _____

Did/does your child have difficulty:

Sucking?	Yes _____	No <u>x</u>
Swallowing?	Yes _____	No <u>x</u>
Chewing?	Yes _____	No <u>x</u>
Changing to solid foods?	Yes <u>x</u>	No _____

Medical History

Pediatrician's full name and address: Doctor Floy's Sunset Pediatrics

List any childhood illness (include dates).

Bordeline anemic - recent diagnosis less than a week or so

List any serious accidents (e.g., fall from bike, head injury, broken arm/leg) and include dates:

None

List any hospitalizations your child has had (include dates and where).

None

Does your child have seizures? Yes _____ No X

If yes, indicate:

Age at time of first seizure: _____

Date of last seizure: _____

Does your child have allergies? Yes _____ No X

Have your child's tonsils and/or adenoids been removed? Yes _____ No X

If, yes indicate date. _____

Has your child had ear infections? Yes X No _____ Date of last one: May 17 2022

Has your child ever had ear tubes? Yes _____ No X

List any medication(s), reason(s) for use and any adverse reaction.

Has your child undergone any special medical tests/procedures (e.g., EEG, CAT Scan, MRI)?

Yes _____ No X

Include dates and results (if known)

Behavioral / Social Developmental History

Is your child:

Highly distractible? Yes X No X (yes and no)

Hyperactive? Yes _____ No X

Difficult to discipline? Yes _____ No X

Fussy or irritable? Yes X No _____ Impatient so gets upset when she can't do something in her own.

Destructive? Yes _____ No X

Stubborn? Yes X No _____

A slow learner? Yes _____ No X

Does your child: (Y/N)

Cry often? Cries when she does not get her way

Enjoy being with people? Shy at first but then she enjoys it

Prefer to be alone? Not really

Suck his/her thumb? No

Drool? No

Eat well? No

Sleep well? Yes but sleeps late

Have nightmares? No

Follow directions consistently? sometimes

Dislike being held or cuddled? Loves affection

Appear to be affectionate? Yes

Smile, laugh, seem happy? Yes

"Rock"? No

"Bang" his head? No

Have "staring" spells? No

Pinch, bite, or otherwise hurt self or others? No

How do you discipline your child?:

I talk to her and try to explain myself

Child's favorite activities?:

Swimming , drawing, going to the park, playing with her cousins, watching TV

MOTOR DEVELOPMENT HISTORY

At what age did your child:

Sit unsupported? 5-6 mo walk? 12 months

Crawl on hands and knees? 9-10 run? 16-17 months

Does your child:

Dress self? Yes X No

Finger feed? Yes X No

Use spoon? Yes X No

Hold own bottle? Yes X No

Drink from cup? Yes X No

Is your child toilet trained? Day Night

If yes, indicate age(s)? Toilet trained for day and night but knows she can go on herself when she has a diaper. She will never go on herself if she is wearing an underwear. Toilet trained at 3 years old

SPEECH AND LANGUAGE DEVELOPMENT HISTORY

At present, does your child:

Have understandable speech? Yes No x

Have a stuttering problem? Yes No x

Have any speech deficits? Yes No

If yes, explain No stuttering but sometimes hard to understand - maybe does not articulate well

EDUCATIONAL HISTORY

Does your child attend school? If yes, where?

Yes, Centner Academy

If attends school, what grade?

PK2

Is this a special program? Yes No x

If yes, describe

Name of your child's teacher:

Daniela Pardo

How is your child doing in: N/A

Pre-academics? _____

Reading? _____

Mathematics? _____

Writing? _____

Has your child failed any grade(s)? yes _____ no x

If yes, what grade(s)? _____

Is your child frequently absent from school? Yes x No _____

Describe any problems /difficulties your child has in school.

None that I know of. I have her end of year meeting Friday May 20th

HEARING HISTORY

Does your child:

Respond to all types of sounds (e.g., voice, music)? Yes x No _____

Respond to loud sounds only? Yes _____ No x

Seems to willfully ignore sounds? Yes _____ No x

Show fear of sounds? Yes _____ No x

Is there any additional information regarding your child that you would like to provide?

What specific information would you like to obtain from this evaluation?

I would like help to learn how to feed her better because it is affecting her health.

I would also like an opinion on her speech just to make sure there is nothing to worry about.