

CHILD DEVELOPMENT HISTORY

DATE _____

1. Name of person filling out questionnaire _____

2. Child's full name _____ Male _____ Female _____

Address _____ Phone _____

Birthdate _____ Age _____

Is child adopted? _____ If Yes, at what age? _____

Child's Religion _____ School _____

3. Brothers and Sisters at Home (specify full, half, step or foster)

Name _____ Sex _____ Birthdate _____ / Age _____ School (include grade) _____

4. Other residents of household and their relationship to child.

Name _____ Relationship _____

5. Brothers and Sisters outside the home.

Name _____ Sex _____ Birthdate _____ Whereabouts _____

6. Child's Mother: Natural _____ Adoptive _____ Foster _____ Step _____ (check one)

7. Child's Father: Natural _____ Adoptive _____ Foster _____ Step _____ (check one)

Child's Mother: Additional Information

Full Name _____ Birthdate _____ Age _____

Present Employer _____

Education _____

Current Marital Status: Married _____ Separated _____ Divorced _____ (since _____)
(check one) Widowed _____ (since _____) Single (never married) _____

Previous Marriages: No _____ Yes _____ If yes, dates _____

Religion _____

Child's Father: Additional Information

Full Name _____ Birthdate _____ Age _____

Present Employer _____

Education _____

Current Marital Status: Married _____ Separated _____ Divorced _____ (since _____)
(check one) Widowed _____ (since _____) Single (never married) _____

Previous Marriages: No _____ Yes _____ If yes, dates _____

Religion _____

9. Who referred you for counseling? _____

10. What concerns you about your child? _____

11. How long have these problems existed? _____

12. Have others expressed concern about your child? (friends, police, school?)

Yes _____ No _____ If yes, describe _____

What do you think might be causing your child's problem? _____

14. In what way do you hope that I can be of help? _____

15. Has there been previous psychological evaluation or treatment? (describe) _____

16. BIRTH AND DEVELOPMENTAL HISTORY

Pregnancy: Was mother ill during pregnancy? Describe _____

Excessive vomiting? Yes _____ No _____
Excessive staining or blood/loss? Yes _____ No _____

Infections? Yes _____ No _____

Operations? Yes _____ No _____ If yes, specify: _____

Other complications? Yes _____ No _____ If yes, specify _____

Smoking during pregnancy? Yes _____ No _____ Frequency _____

Alcohol consumption? Yes _____ No _____ Frequency _____

Medications taken _____

Duration of pregnancy: Full term _____ Premature _____ Postmature _____

17. Delivery:

A. Type of Labor: Spontaneous _____ Induced _____

B. Complications: Infant injured during delivery? Specify _____

C. Child's birth weight _____ lbs. _____ ozs.

18. INFANCY - TODDLER I.

Were any of the following present, to a significant degree, during the first few years of life? Describe: _____

Was the child breast fed? If so, for how long? _____

Enjoyed cuddling? _____

INFANCY - TODDLER PERIOD (continued)

Was he/she calmed by being held or stroked? _____

Colic? _____

Excessive restlessness? _____

Frequent head banging? _____

Constantly into everything? _____

Excessive number of accidents? _____

Excessively quiet? _____

19. DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child accomplished the following developmental milestones.

Sat without support _____ Crawled _____ Walked without assistance _____

Spoke first words besides "Mama" and "Dada" _____

Said phrases (2 or more words together) _____

Bowel trained (day) _____ (night) _____ Bladder trained (day) _____ (night) _____

Rode tricycle _____ Rode bicycle (without training wheels) _____

Buttoned clothing _____ Tied shoelaces _____ Named colors _____ Named coins _____

Said alphabet in order _____ Began to read _____

20. COORDINATION

Rate your child on the following skills as compared to children of similar age:

	GOOD	AVER.	POOR		GOOD	AVER.	POOR
Walking	_____	_____	_____	Catching	_____	_____	_____
Running	_____	_____	_____	Buttoning	_____	_____	_____
Throwing	_____	_____	_____	Writing	_____	_____	_____
Shoelace tying	_____	_____	_____	Hitting ball	_____	_____	_____
Kicking a ball	_____	_____	_____				

21. SCHOOL

Rate your child's grades in school:	<u>GOOD</u>	<u>AVERAGE</u>	<u>POOR</u>
Nursery School	_____	_____	_____
Kindergarten	_____	_____	_____
Elementary Grades 1-3	_____	_____	_____
Elementary Grades 4-5	_____	_____	_____
Middle School Grades 6-8	_____	_____	_____
High School Grades 9-12	_____	_____	_____

To the best of your knowledge, at what grade level is your child functioning
 Reading _____ Spelling _____ Math _____

Has your child ever had to repeat a grade? _____ If so, when? _____

Present Class Placement: School _____

Grade _____ Regular Class _____ Special Class _____ If so, specify
 reason _____

Rate your child's behavior at school:

	<u>GOOD</u>	<u>AVERAGE</u>	<u>POOR</u>
Nursery School	_____	_____	_____
Kindergarten	_____	_____	_____
Elementary Grades 1-3	_____	_____	_____
Elementary Grades 4-5	_____	_____	_____
Middle School (6-8)	_____	_____	_____
High School (9-12)	_____	_____	_____

Briefly describe any classroom behavioral problems: _____

PEER RELATIONSHIPS

Does your child seek friendship with peers? _____

Is your child sought by peers for friendship? _____

Does your child play primarily with other children same age? _____ If not, are they Younger _____ Older _____

Briefly describe any problems your child may have with peers: _____

23. HOME BEHAVIOR

All children exhibit, to some degree, the kinds of behavior listed below. Check the ones that you believe your child exhibits to an EXCESSIVE or EXAGGERATED degree when compared to other children similar in age.

- Hyperactivity _____ Interrupts frequently _____ Sibling Conflicts _____
- Poor attention span _____ Poor Memory _____ Nervousness _____
- Poor self control _____ Doesn't comply with instructions _____
- Shyness _____ Gets upset easily _____ Nightmares _____ Passivity _____
- Sudden outbursts of physical abuse of other children _____
- Temper outbursts _____ Headless to danger _____ Overdependency _____
- Sloppy table manners _____ Accident prone _____

Others: _____

24. INTERESTS AND ACCOMPLISHMENTS

What are your child's main hobbies and interests? _____

What are your child's areas of greatest accomplishments? _____

age 7

What does your child dislike doing most? _____

25. PHYSICAL/SEXUAL MATURATION

At what age were the following noted?

Breast Development (F) _____ Emotional Changes _____

Menstruation (F) _____ Masturbation _____

Pubic/Axillary Hair _____ Voice Changes _____

Growth Spurts _____

Comments on above if necessary: _____

26. MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when illness or incident occurred and any other pertinent information.

Childhood Diseases (Describe any complications) _____

Operations _____

Hospitalizations for illnesses other than operation _____

Head Injuries: _____

Convulsions _____

27. ADDITIONAL COMMENTS

Other significant events and/or behaviors you feel would be useful to know: _____

What do you expect the patient will receive from treatment? What differences would you like to see? _____

Please list below all medicines

Medication

Dosage

Frequency

29. Has your child experienced elevated body temperature for prolonged periods of time? Yes _____ No _____

30. Do you suspect or know of any incident of child physical abuse, sexual abuse or neglect? _____
