Child Developmental History Form

GENERAL INFORMATION

Child's full name_____ Grade_____ Age_____ DOB_____

Current Address: _____How long at this address_____

Person providing this information:_____ Relationship to child_____

Who does child live with: □ both parents □ mother □father □other (specify) _____

Biological father_____ Occupation_____ Years education: _____
Father's home phone_____ Work phone_____ Cell Phone_____

Biological mother_____ Occupation_____ Years education: _____
Mother's home phone_____ Work phone_____ Cell Phone_____

□ N/A Guardian's name_____ Occupation_____ Years education: _____
Guardian's home phone_____ Work phone_____ Cell Phone_____

Please list all people in child's immediate family:

Name	Relationship to child	Age/ Grade	Living in house?

Please list all other *non- family* members who live in household:

Name	Relationship to child/family	How long living in household?

Language(s) spoken at home _____ Primary Language at home _____

Please List all locations (city, state) that your child has lived:
1. Birthplace _____ Moved at age/grade _____
2. _____ Moved at age/grade _____
3. _____ Moved at age/ grade _____

Are biological parents of child currently: □ married □ separated □ divorced □ never married

- If separated or divorced, who has *legal* custody? □ mother □ father □ other (specify): _____

- If separated or divorced, how do you feel your child has adjusted to separation/divorce?
  _____

Are the other adults who have a *significant* part in raising your child? □Yes □No
If so, please indicate name & relationship (i.e. step-parent, grandparent, etc.) _____

Have there been any significant changes in the home over the last few years? (such as new marriages, deaths, births, address changes, family separation/divorce, parent dating, money problems, etc.)
_____
_____

What do you feel are your child's…
Strengths_____
Weaknesses_____

Briefly describe your concerns for your child.
_____
_____

HEALTH AND DEVELOPMENT

Is your child your: □ biological child □ adopted child □ foster child □other:_____
Mother's age at birth? _____ Did mother receive routine medical prenatal care? □Yes □No
Please specify any medications used during pregnancy and the reason used: _____
_____
Pregnancy lasted _____weeks/ months Child's birth weight: _____pounds _____ ounces

Please check the conditions below that describe the health of the child and mother during…

Mother's Pregnancy	Child's Delivery	Child's Condition at Birth
□ No Complications	□ Normal	□ Normal/ No problems
□ Blackouts	□ Induced Labor	□ Lack of Oxygen
□ Falls	□ C-Section	□ Breathing Problems
□ Physical Injury	□ Breech birth	□ Birth Injury/ Defect
□ Excessive Bleeding	□ Unusually long labor (>12hrs)	□ Jaundice
□ Hypertension	□ Premature # of weeks_____	□ Newborn ICU # of day _____
□ Diabetes	□ Overdue # of weeks_____	
□ Emotional Stress	□ Other Problem (Specify) ____	□ Other Problem (Specify)
□ Toxemia	_____	_____
□ Alcohol/ Drug Use	_____	_____
□ Use of Tobacco	_____	_____

Describe the state of your child's current health: □ Excellent □ Good □ Fair □ Poor

Is your child currently taking any medication? □ Yes □ No
If yes, please list medication and uses: _____

Has your child ever been identified as having a disability? □ Yes □ No
If so, by whom, what age, & what disability? _____

Has your child ever received psychological counseling? □ Yes □ No
If yes, by whom (professional/ agency) and when: _____

Has your child had any of the following?	Please describe and give details, dates, and/or age onset
□ Serious Injuries	
□ Head Injuries	
□ Surgery/ Hospitalization	
□ Seizures or convulsions	
□ Other health problem:	

Is there a family history of the following?	Biological family member with the history…
□ Learning Difficulties (reading, math, writing)	
□ Speech or Language problem (stuttering, etc.)	
□ Developmental Disorder (such as Autism, etc.)	
□ Emotional Problems (depression, mood swings, etc.)	
□ Mental Retardation	
□ School Failure (failing grades, dropout, etc.)	
□ Drug or Alcohol Addiction	

Please indicate the age or age range when your child performed the following milestones:

Milestone:	0-3 months	4-6 months	7-12 months	13-18 months	19-24 months	2-3 years	3-4 years
Sat up without help							
Crawled							
Walked							
Spoke first words							
Spoke sentences							
Fully potty trained							
Stayed dry all night							

BEHAVIOR

During your child's first few years of life, were any of the following significantly present?

□ Difficult to comfort
□ Was not easily calmed by being held or stroked
□ Colicky
□ Excessive irritability
□ Diminished sleep
□ Difficult nursing
□ Poor eye contact
□ Did not respond to their name
□ Fascination with certain objects
□ Constantly head banging

* If you checked any of the above, please describe_____

_____

Child's Early Temperament: (*Toddler through five years of age)*

Activity Level- How active has your child been from an early age? _____
_____

Distractibility- How well was your child able to maintain focus or concentrate on tasks? _____
_____

Adaptability- How well was your child able to deal with transition, change, or when denied their own way? _____
_____

Mood- What was your child's basic mood? Did they exhibit frequent mood changes? _____
_____

Regularity- How predictable was your child's patterns of activity level, sleep, appetite, etc.? _____
_____

Prior to age six, did your child have more difficulty than other children his/her age…

- □ Sitting still at meal time
- □ Paying attention when read to
- □ Throwing/ catching a ball
- □ Buttoning and zipping
- □ Holding crayon or pencil
- □ Accidently dropping/knocking things over
- □ Staying focused on TV, movies, etc.
- □ Waiting for turn at play
- □ Knowing left and right
- □ Dressing self
- □ Tying shoe laces

Please check below all behaviors or characteristics that fit your child over the past year:

- □ Destructive behavior
- □ Is affectionate with family & friends
- □ Responds well to authority figures
- □ Boundless energy and poor judgement
- □ Cruelty to animals
- □ Disorganized, loses things often
- □ Shows sudden physical aggression
- □ Frustrated easily
- □ Shifts from one activity to another
- □ Has difficulty playing quietly
- □ Requires a lot of parent attention
- □ Fidgets a lot of parent attention
- □ Appears to daydream or "zone out" often
- □ Nervous habits (nail biting, hair twirling, etc.)
- □ Appears depressed & unhappy much of the time
- □ Explosive temperament
- □ Frequently complains about aches and pains
- □ Appears to have low self-esteem
- □ Prefers to be alone (or considers self "a loner")
- □ Starts fires
- □ Lacks motivation
- □ Steals or lies
- □ Becomes upset with change
- □ Fearfulness
- □ Frequent peer and/or family conflicts
- □ Does not appear to listen to what is being said
- □ Always worrying about something

How often are each of the following settings a *problem* for your child?
Problems include: doesn't follow directions/rules, needs reminders, argues/fights, whines/cries, fidgets, etc.

• While getting ready for school…	□ Rarely	□ Sometimes	□ Frequently
• When playing by him/herself…	□ Rarely	□ Sometimes	□ Frequently
• When with a babysitter or at daycare…	□ Rarely	□ Sometimes	□ Frequently
• When in the car…	□ Rarely	□ Sometimes	□ Frequently
• When watching TV or playing games…	□ Rarely	□ Sometimes	□ Frequently

How would you describe your child's personality at home? _____
_____
Which adult would your child prefer to talk with about a problem? _____
Who is the family member that your child feels closest to? _____
Who is primarily responsible for discipline at home? _____
What is the most effective way to deal with your child's behavior problems at home?
_____
_____
How does your child respond to discipline? _____
_____
List any responsibilities your child has at home: _____
_____
* Does your child do these regularly? □Yes □No Does your child need frequent reminders? □Yes □No

Indicate your child's… Bed time? ____:____ Wake time? ____:____ Do they sleep well? _____

How much time does your child typically spend on electronic media?
Watching TV: ____hrs./day Playing video/computer games: ____ hrs./day Other_____

Have any family members expressed concerns about your child's behavior? □ Yes □ No
If yes, explain: _____

How would you describe your child's peer relationships and choice of friends? (i.e. How many friends? What age/genders? Is child shy, outgoing, a leader, a follower, etc?) _____
_____

EDUCATIONAL HISTORY

How does your child feel about school? _____
How motivated do you feel your child is to learn? _____
About how much time does your child spend on homework each night? _____
How much of a struggle is homework? □ Not a struggle □ Sometimes a struggle □ Often a struggle

Does your child receive special school service? □ Yes □ No
If yes, which program and when services began_____

Below please list school attended and describe your child's academic and behavioral performance:
Preschool/ Daycare_____
_____

Elementary School _____
_____

Middle School_____
_____

High School_____
_____