

CHILD DEVELOPMENTAL HISTORY

Client's full name: _____ Birth date: _____ Age: _____ Sex: _____

Person(s) providing information: _____ Today's date: _____

Relationship to child: _____

Mother's Name: _____ Birth date: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as _____ [Days/Hours: _____]

Employer: _____ Work phone: _____

Father's Name: _____ Birth date: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as _____ [Days/Hours: _____]

Employer: _____

Is child currently living with mother? ____Yes If not, please explain: _____

Is father in the home? Yes No_ If not, is there another adult male in the home? (If so, who?) _____

Please also provide name and address for other significant adults with whom child is frequently involved.

Name: _____ Relationship: _____

Purpose of consultation (brief summary of main problems):

DEVELOPMENTAL FACTORS

Prenatal History

Mother's age when child was born: _____

Please specify any health problems or complications that occurred during pregnancy, birth, or infancy:

Infancy-Toddler Period

Were any of the following present—to a significant degree—during the first few years of life? If so, describe.

- Did not enjoy cuddling
- Colic
- Excessive restlessness
- Diminished sleep because of restlessness and easy arousal
- Was not calmed by being held and/or stroked
- Frequent head banging
- Constantly into everything
- Excessive number of accidents compared to other children

Has the child ever had significant difficulty with coordination in such activities as walking, running, throwing, catching, writing, or athletic abilities? No Yes (If yes, please describe.)

Are there any speech, language, or hearing difficulties? No Yes (If yes, please describe.)

Is the child able to understand directions and situations as well as other children his or her age? Yes No (If not, please describe.)

SOCIAL HISTORY

Rate the child’s school experience related to academic learning:

	Good	Average	Poor
Nursery school	_____	_____	_____
Kindergarten	_____	_____	_____
Grade School	_____	_____	_____
Current Grade (____th)	_____	_____	_____

School currently attended:

Describe briefly any academic school problems.

Has the child ever had to repeat a grade? No Yes If so, when?

Were there any special education, learning disabilities, and/or behavioral disorder services sought? No Yes (If yes, please describe, including any special therapy or remedial work now being received.)

Rate the child’s school experience related to behavior:

	Good	Average	Poor
Nursery school	_____	_____	_____
Kindergarten	_____	_____	_____
Grade School	_____	_____	_____
Current Grade (____th)	_____	_____	_____

Note any extracurricular activities in which the child is involved.

Does your child's teacher(s) describe any of the following as significant classroom problems?

- Doesn't sit still in his or her seat
- Frequently gets up and walks around the classroom
- Shouts out or doesn't wait to be called upon
- Won't wait his or her turn
- Does not cooperate well in group activities
- Typically does better in a one-to-one relationship
- Doesn't respect the rights of others
- Has difficulty paying attention during class lectures or discussions

Describe briefly any other classroom behavioral problems.

Peer Relationships

Does the child seek friendships with peers? Yes No

Is he or she sought by peers for friendships? Yes No

Does the child interact primarily with children his or her age? _____ younger? _____ older?

Describe briefly any problems the child may have with peers.

Home Behavior

All children exhibit, to some degree, the kinds of behaviors listed below. Check those that you believe this child exhibits to an excessive or exaggerated degree when compared to other children.

- | | |
|--|---|
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Poor attention span |
| <input type="checkbox"/> Impulsivity (poor self control) | <input type="checkbox"/> Low frustration threshold |
| <input type="checkbox"/> Frequent angry outbursts | <input type="checkbox"/> Open defiance of authority (or silent defiance) |
| <input type="checkbox"/> Interrupts frequently | <input type="checkbox"/> Doesn't listen when being spoken to |
| <input type="checkbox"/> Very concerned about appearance | <input type="checkbox"/> Sloppiness or lack of neatness |
| <input type="checkbox"/> Is reckless or heedless to danger | <input type="checkbox"/> Is physically abusive to other children |
| <input type="checkbox"/> Low self esteem | <input type="checkbox"/> Doesn't learn from experience |
| <input type="checkbox"/> Frequent crying spells | <input type="checkbox"/> Poor motivation or apathy |
| <input type="checkbox"/> Shirks or avoids responsibilities | <input type="checkbox"/> Persistently lies or makes excuses for actions |
| <input type="checkbox"/> Feelings easily hurt | <input type="checkbox"/> Easily taken advantage of |
| <input type="checkbox"/> Worries excessively | <input type="checkbox"/> Perfectionistic or rarely satisfied with performance |

Interests or Accomplishments

What are the child's main interests or hobbies (sports or recreational activities, TV or toy preferences, etc.)?

Note any special skills or talents.

What are his or her areas of greatest accomplishment?

What does he or she enjoy doing most?

What does he or she dislike doing most?

