**Child/Adolescent Developmental History Form**

**GENERAL INFORMATION**

Child’s full name  Grade AgeDOB 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  Year’s education:  Father’s home phone  Work phone  Cell Phone

Biological mother  Occupation  Year’s education Mother’s home phone  Work phone  Cell Phone

N/A Guardian’s name Occupation Year’s education:  Guardian’s home phone Work phone Cellphone

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 there 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

No Complications

Blackouts

Falls

Physical Injury

Excessive Bleeding

Hypertension

Diabetes

Emotional Stress

Toxemia

Alcohol/ Drug Use

Use of Tobacco

Child’s Delivery

Normal

Induced Labor

C-Section

Breech birth

Unusually long labor (>12hrs)

Premature # of weeks

Overdue # of week

Other Problem (Specify)

Child’s Condition at Birth  Normal/ No problems

Lack of Oxygen

Breathing Problems

Birth Injury/ Defect)

Jaundice

Newborn ICU # of day

Other Problem (Specify)

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

Appears to daydream or “zone out”Nervous habits nail biting, hair twirling,

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”)

Lacks motivation

Steals or lies

Becomes upset with change

Fearfulnes

Frequent peer and/or family conflicts  Starts fires

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…

• When playing by him/herself…

• When with a babysitter or at daycare…

• When in the car…

• When watching TV or playing games…

Rarely

Rarely

Rarely

Rarely

Rarely

Sometimes

Sometimes

Sometimes

Sometimes

Sometimes

Frequently

Frequently

Frequently

Frequently

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