

DEVELOPMENTAL HISTORY

Child's Name _____ Birthdate _____ Age _____ Sex _____
Last First Middle

Home Address _____
Street City State Zip

Child's School _____
Name Address Grade

Present placement of child (place check in appropriate bracket):

	Column A	Column B
	Adults with whom child is living	Non-residential adults involved with child
Natural mother.....	() _____ () _____
Natural father.....	() _____ () _____
Stepmother.....	() _____ () _____
Stepfather.....	() _____ () _____
Adoptive mother.....	() _____ () _____
Adoptive father.....	() _____ () _____
Foster mother.....	() _____ () _____
Foster father.....	() _____ () _____
Other (specify) _____	() _____ () _____

Place the number '1' or '2' next to each check in Column A and provide the following information about each person:

1. Name _____ Occupation _____
Last First

Business Name _____ Business Phone _____

Business Address _____

2. Name _____ Occupation _____
Last First

Business Name _____ Business Phone _____

Business Address _____

Place the number '3' next to the person checked in Column B who is most involved with the child and provide the following information:

1. Name _____ Occupation _____
Last First

Business Name _____ Business Phone _____

Business Address _____

PREGNANCY

Complications: Excessive vomiting_____ Hospitalization required_____
Excessive staining or blood loss_____ Threatened miscarriage_____
Infection(s), specify_____
Toxemia_____ Operation(s), specify_____
Other Illness(s), specify_____
Smoking during pregnancy_____ Average number of cigarettes per day_____
Alcoholic consumption during pregnancy_____ describe if beyond an occasional drink:

Medications taken during pregnancy_____
X-ray studies during pregnancy_____ Duration_____ weeks

DELIVERY

Type of labor: Spontaneous_____ Induced_____
Forceps: High_____ Mid_____ Low_____
Duration of labor: _____ hours
Type of delivery: Vetex normal_____ Breech_____
Cesarean_____
Complications: cord around neck_____ cord presented first_____
hemorrhage_____ infant injured during pregnancy_____ other
(specify)_____
Birth weight _____ Appropriate for gestational age (AGA) _____
Small for gestational age (SGA) _____

POST-DELIVERY PERIOD (while in hospital)

Respiration: immediate_____ delayed (if so, how long)_____
Cry: immediate_____ delayed (if so, how long)_____
Mucus accumulation_____ Apgar score (if known)_____
Jaundice_____ Rh factor_____ transfusion_____
Cyanosis (turned blue)_____ Incubator care_____ number of days_____
Suck: strong_____ weak_____
Infection (specify):_____
Vomiting_____ diarrhea_____
Birth defects (specify):_____
Total number of days baby was in the hospital after delivery_____

INFANCY-TODDLER PERIOD

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

Did not enjoy cuddling _____

Was not calmed by being held and/or stroked _____

Colic _____ Excessive restlessness _____

Diminished sleep because of restlessness and easy arousal _____

Frequent headbanging _____ Constantly into everything _____

Excessive number of accidents compared to other children _____

DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child reached the following developmental milestones. If you cannot recall, please check item at right.

I cannot recall exactly, but to the best of my recollection it occurred:

	<u>Age</u>	<u>Early</u>	<u>At the normal time</u>	<u>Late</u>
Smiled	_____			
Sat without support	_____			
Crawled	_____			
Stood without support	_____			
Walked without assistance	_____			
Spoke first words besides 'ma-ma' and 'da-da'	_____			
Said phrases	_____			
Said sentences	_____			
Bowel trained (day)	_____			
Bowel trained (night)	_____			
Bladder trained (day)	_____			
Bladder trained (night)	_____			
Rode tricycle	_____			
Rode bicycle (without training wheels)	_____			
Buttoned clothing	_____			
Tied shoelaces	_____			
Named colors	_____			
Named coins	_____			

Said alphabet in order _____

Began to read _____

COORDINATION

Rate your child on the following skills: Good Average Poor

Walking _____

Running _____

Throwing _____

Catching _____

Shoelace tying _____

Buttoning _____

Writing _____

Athletic abilities _____

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as others his or her age? If not, why? _____

How would you rate your child's overall level of intelligence compared to other children?

Below average _____ Average _____ Above average _____

SCHOOL

To the best of your knowledge, at what grade level is your child functioning?

Reading _____ Spelling _____ Arithmetic _____

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

Present class placement: regular class _____ special class _____

(if so, please specify) _____

Types of special therapy or remedial work your child is currently receiving _____

Briefly describe any academic school problems _____

Does not cooperate well in group activities _____

Typically does better in a one-to-one relationship _____

Doesn't respect the rights of others _____

Doesn't pay attention during storytelling _____

Briefly describe any other classroom behavioral problems _____

PEER RELATIONSHIPS

Does your child seek friendships with peers? _____

Is your child sought by peers for friendship? _____

Does your child play primarily with children his or her own age? _____

younger _____ older _____

Briefly describe any problems your child may have with peers _____

HOME BEHAVIOR

All children exhibit, to some degree, the kinds of behavior listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his or her age.

Hyperactivity (high activity level) _____

Poor attention span _____

Impulsivity (poor self control) _____

Low frustration threshold _____

Temper outbursts _____

Sloppy table manners _____

Interrupts frequently _____

Doesn't listen when being spoken to _____

Sudden outbursts of physical abuse of other children _____

Acts like he or she is driven by a motor _____

Wears out shoes more frequently than siblings _____

Heedless to danger _____

Excessive number of accidents _____

Doesn't learn from experience _____

Poor memory _____

More active than siblings _____

INTERESTS AND ACCOMPLISHMENTS

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

What are your child’s areas of greatest accomplishment? _____

What does your child enjoy doing the most? _____

What does your child dislike doing most? _____

MEDICAL HISTORY

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

Childhood diseases (describe any complications) _____

Hospitalizations for illness(s) other than operations _____

Head injuries _____

with unconsciousness _____ without unconsciousness _____

Convulsions _____

with fever _____ without fever _____

Coma _____ or Encephalitis _____

Immunization reactions _____

Persistent high fevers _____ Highest temperature ever recorded _____

Eye problems _____

Ear problems _____

Poisoning _____

PRESENT MEDICAL STATUS

Present height _____ Present weight _____

Present illness(es) for which child is being treated _____

Medications child is taking on an ongoing basis _____

FAMILY HISTORY-MOTHER

Age _____ Age at time of pregnancy with patient _____

Number of previous pregnancies _____ Number of induced abortions _____

Number of spontaneous abortions (miscarriages) _____

Sterility problems (specify) _____

School: Highest grade completed _____

Learning problems (specify)_____

Grades repeated_____

Behavior problems (specify)_____

Medical problems (specify)_____

Have any of your blood relatives (not including patient and siblings) ever had problems similar to those your child has? If so, please describe:_____

FAMILY HISTORY-FATHER

Age_____ Age at time of the patient's conception_____

Sterility problems (specify)_____

School: Highest grade completed_____

Learning problems (specify)_____

Grades repeated_____

Behavioral problems (specify)_____

Medical problems (specify)_____

Have any of your blood relatives (not including patient and siblings) ever had problems similar to those your child has? If so, please describe:_____

SIBLINGS

<u>Name</u>	<u>Age</u>	<u>Medical, social or academic problem(s)</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

LIST NAMES/ADDRESSES OF ANY OTHER PROFESSIONALS CONSULTED:

1. _____

2. _____

3. _____

4. _____
5. _____

ADDITIONAL REMARKS

Please use this page to write any additional comments you wish to make concerning your child's difficulties.