

Child Developmental History

Today's Date: _____

Child's Name: _____ DOB: _____

Your name: _____

Your Relationship to child: _____

In the home the child is the: biological child adopted child foster child relative

1. Describe your child's temperament: calm avoidant volatile "it varies" I'm not sure?
2. Describe what was it like to potty train the child?
3. Are there any current or previous problems with bedwetting or toileting?
4. How long has the child lived in the current home?
5. How many times has the child been moved or relocated (age of move and year of move)?
6. How many siblings does the child have and what place in the birth order is the child?
7. Briefly describe sibling relationships:
8. Was the child raised in any religion or faith?
9. Have there been any deaths or disabilities in the family during the child's lifetime? If yes, please describe your child's relationship to the person and reaction to the loss:
10. Please describe any visual impairments:
11. Please describe any hearing impairments:
12. Please describe any speech impairments:
13. Has your child ever received special education services?
If yes, please tell us their diagnosis, medications, and describe the problem:

14. How many hours does your child sleep each night?
15. Does your child have difficulty falling asleep, staying asleep, waking up early, sleeping alone, or have other sleep difficulties?
16. How does your child's social skills compare to other kids of the same age?
17. Tell us about any family history of alcohol or drug abuse?
18. Tell us about any family history of schizophrenia, bipolar disorders, or other severe mental health problems:
19. Has your child witnessed domestic violence?
20. Has the child witnessed or been exposed to violence or other major or minor traumatic event?
21. Divorce or re-marriage? Please describe dates and child's adjustment:
22. Does the child have any current or previous medical problems? If yes, please tell us any diagnosis, medications currently taking, medications taken in the past, and who is his pediatrician:
23. Has the child experienced any illness or injury requiring emergency care or hospitalization?
24. Tell us about any other major life events or life stressors, moving schools or neighborhoods, or other significant changes or losses:
25. Is there any history of major or minor head injury or accident, or seizures (conscious or loss of consciousness)? If yes, please provide dates and description:
26. Is there any history of verbal, mental, emotional, physical, or sexual abuse?

27. Tell us about behavior problems about which you are concerned:

28. Has your child ever expressed that they want to kill themselves or someone else, or hurt themselves or someone else? If yes, please describe:

29. Tell us about any arrests or convictions, other legal issues, including custody or visitation:

Please rate your child's functioning for the last 30 days:

- | | | | | | | | |
|-----|---|-------------|--------|------|------|-----------|-------------|
| 30. | How well does your child do in school: | very poorly | poorly | fair | good | excellent | exceptional |
| 31. | How well does your child interact with family: | very poorly | poorly | fair | good | excellent | exceptional |
| 32. | How well does your child interact with friends: | very poorly | poorly | fair | good | excellent | exceptional |
| 33. | How well does your child take care of their self: | very poorly | poorly | fair | good | excellent | exceptional |
| 34. | How well does you child cope with stress: | very poorly | poorly | fair | good | excellent | exceptional |

35. Describe how your child copes with stress:

36. Tell us about your child's personal strengths, interests, hobbies, and activities:

37. Pease tell us any other important information:

Sign your name here
(person completing the form)

Date