

Family History

Parents/Guardians: _____

Father/Male Caretaker's Name: _____

Relationship to Child: Natural Father Stepfather Adoptive Father

Other _____

Place of Work: _____

Work Phone: _____

Mother/Female Caretaker's Name: _____

Relationship to Child: [U] Natural Mother Stepmother Adoptive Mother

Other _____

Place of Work: _____

Work Phone: _____

Natural Parents are: [U] Married Separated Divorced

Never Married

First & Last Names and Ages of All Children Living at Home

Language Spoken in the Home: _____

Child's Primary Language: _____

Pregnancy and Birth

Prenatal Development (check all that apply):

- b Normal Pregnancy
- b Alcohol Use During Pregnancy
- b Threatened Miscarriage
- b Prescription Drug Use During Pregnancy
- b Toxemia
- b Nonprescription Drug Use During Pregnancy
- b Smoked During Pregnancy
- b Depressed Feelings During Pregnancy
- b Illness During Pregnancy
- b Excessive Worry/Stress During Pregnancy

Delivery (check all that apply)

- b Normal Delivery
- b Blue or Yellow Color at Birth
- b Hemorrhaged
- b Delayed Cry
- b Cord Around Neck
- b Prolonged Stay in Hospital
- b Needed Incubator
- b Breathing Problems
- b Birth Defect or Medical Problems (specify) _____

Length of Pregnancy _____

Birth Weight _____

Developmental Milestones

Did you find your child's early development (e.g., walking, talking, toilet training, etc.) to

- be: b Early b Average b Late

If you answered **late** or if your child is in 7th Grade or younger, please indicate approximately when he/she:

- | | | | |
|--------------------------|--------------|-------------------------|--------------|
| Sat Alone | _____ months | Walked Without Holding | _____ months |
| Crawled | _____ months | Rode Tricycle | _____ months |
| Said "mama" or "dada" | _____ months | Ran With Good Control | _____ months |
| Said Other Single Words | _____ months | Toilet Training Started | _____ months |
| Used 2 or 3 Word Phrases | _____ months | Spoke in Sentences | _____ months |

How would you rate your child's eye-hand/physical coordination:

- b Good
- b Average
- b Below Average

Health and Medical History

Present Health (check all that apply)

- b In Good Health
- b Frequent Ear Infections
- b Allergies
- b Poor Appetite
- b Trouble Sleeping
- b Frequent Colds
- b Hearing Problems (describe) _____
- b Vision Problems (describe) _____
- b Disabled (describe) _____
- b Medical Condition (describe) _____
- b Physical Complaints (describe) _____
- b Other (describe) _____

Child's Doctor _____ Current Medications _____

Past Health

Please list any prior illnesses, injuries, and hospitalizations your child has experienced (describe):

Has your child ever been to a: b Counselor b Social Worker b Psychologist b Psychiatrist Reason(s): _____

Social/Emotional Development

How well does your child get along with each of the following:

- | | | | |
|----------------|-------------|-----------|----------|
| Parents: | b Very Well | b Average | b Poorly |
| Siblings: | b Very Well | b Average | b Poorly |
| Teacher(s): | b Very Well | b Average | b Poorly |
| Friends/Peers: | b Very Well | b Average | b Poorly |

Please check each of the following that your child exhibits to a *greater degree* than other same age children:

- b Aggressiveness/Fights
- b Sleep Problems
- b Bedwetting
- b Substance Abuse
- b Feelings Easily Hurt
- b Talk of Hurting Self/Others
- b Depression/Crying
- b Tantrums
- b Hyperactivity/Inattentive
- b Socially Withdrawn
- b Nightmares
- b Poor Grooming
- b Contact With Legal Authorities
- b Tics/Nervous Gestures
- b Low Self Esteem
- b Manipulative
- b Moodiness
- b Noncompliance
- b Perfectionist
- b Poor Motivation
- b Unhappiness

Educational History

Age Child Started Kindergarten _____ years;

- b Eager to Start
- b Afraid
- b Trouble Adjusting

Number of K-12 Schools Child Has Attended ____ Check if in the past child has had:

- b Remedial Reading
- b Remedial Math
- b Tutoring
- b Many Absences
- b Suspensions
- b Repeated Grades (which _____)
- b Been Evaluated for Special Education Before

(When & Where: _____)

What specific concerns do you have regarding your child in school?

Additional Comments

What things does your child like

What things do you and your family enjoy doing with your child?

What are your child's strengths and special abilities?

What are the things your child finds hard to do?

What chores does your child help out with at home?

How do you discipline your child?

Please write any other comments you may have on the back of this page.

Completed By: _____

Date: _____

Relationship to Child: _____