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Please Complete and Return Child History Form

Child's Name:

First: _____ Middle: _____ Last:_____

Birth Date: _____ Age_____ Male ☐ Female ☐

Child is currently living with: (Check all that Apply)

Mother ☐ Father ☐ Grandparent (s) ☐ Aunt/Uncle ☐

Foster Parent ☐ Other ☐ _____

Person(s) Currently Caring for Child:

Name: **Address:** **Occupation:**

_____ _____ _____

_____ _____ _____

Name, relationship, phone, and email of Person Completing Form:

_____

_____

Problems in Pregnancy: (If Known)

_____

_____

_____

During Pregnancy the Mother:

Used Tobacco ☐ Drugs ☐ Alcohol ☐ Don't Know ☐ None ☐

If Yes, What Kind of Drugs:_____

Problems with Delivery: (If Known)

_____

_____

Birth Weight_____

Premature: Yes ☐ No ☐ Don't Know ☐

Birth Defects: Yes ☐ No ☐ Don't Know ☐

If Yes_____

Incubator Used: Yes ☐ No ☐

Other_____

Infancy-Toddler Period

Did child enjoy cuddling ?	Yes ☐	No ☐	Don't Know ☐
Excessive Restlessness ?	Yes ☐	No ☐	Don't Know ☐
Slept Well ?	Yes ☐	No ☐	Don't Know ☐
Was Calmed by Touch or Being Held?	Yes ☐	No ☐	Don't Know ☐
Frequent Head banging?	Yes ☐	No ☐	Don't Know ☐
Constantly into Everything?	Yes ☐	No ☐	Don't Know ☐
Excessive number of accidents?	Yes ☐	No ☐	Don't Know ☐

Notes:_____

_____

_____

Developmental Milestones:

Smiled:	Early ☐	On Time ☐	Late ☐
Sat with Support:	Early ☐	On Time ☐	Late ☐
Crawled:	Early ☐	On Time ☐	Late ☐
Stood Without Support:	Early ☐	On Time ☐	Late ☐
Walked without Assistance:	Early ☐	On Time ☐	Late ☐
Spoke First Words:			
(“ma-ma” “da-da”)	Early ☐	On Time ☐	Late ☐
Said Phrases:	Early ☐	On Time ☐	Late ☐
Said Sentences:	Early ☐	On Time ☐	Late ☐
Bowel Trained:	Early ☐	On Time ☐	Late ☐
Bladder Trained:	Early ☐	On Time ☐	Late ☐
Rode Tricycle:	Early ☐	On Time ☐	Late ☐
Rode Bicycle			
(without Training Wheels):	Early ☐	On Time ☐	Late ☐
Buttoned Clothing:	Early ☐	On Time ☐	Late ☐
Tied Shoelaces:	Early ☐	On Time ☐	Late ☐
Named Colors:	Early ☐	On Time ☐	Late ☐
Named Coins:	Early ☐	On Time ☐	Late ☐
Said Alphabet in Order:	Early ☐	On Time ☐	Late ☐
Began to Read:	Early ☐	On Time ☐	Late ☐

Coordination:

Rate the child on the following skills:

Walking:	Good ☐	Average ☐	Poor ☐
Running:	Good ☐	Average ☐	Poor ☐
Throwing:	Good ☐	Average ☐	Poor ☐
Catching:	Good ☐	Average ☐	Poor ☐
Tying Shoelaces :	Good ☐	Average ☐	Poor ☐
Buttoning:	Good ☐	Average ☐	Poor ☐
Writing:	Good ☐	Average ☐	Poor ☐
Athletic Abilities:	Good ☐	Average ☐	Poor ☐

Comprehension and Understanding:

Does the child understand and follow directions as well as other children the same age:

Good ☐ Average ☐ Poor ☐

Estimated level of intelligence compared to other children the same age:

Good ☐ Average ☐ Poor ☐

Notes: (*If Needed*)

_____

_____

_____

School Experiences: (Check all that apply)

LEARNING :

Pre-K:	Good ☐	Average ☐	Poor ☐
Kindergarten:	Good ☐	Average ☐	Poor ☐
Elementary School:	Good ☐	Average ☐	Poor ☐
Middle school:	Good ☐	Average ☐	Poor ☐
Current Grade: ___	Good ☐	Average ☐	Poor ☐

RATE:

Reading:	Above Grade Level ☐	On Level ☐	Below Grade Level ☐
Writing:	Above Grade Level ☐	On Level ☐	Below Grade Level ☐
Math:	Above Grade Level ☐	On Level ☐	Below Grade Level ☐

Has Child Repeated a Grade: Yes ☐ No ☐

Placement: Regular Classes ☐ Special Education ☐ Advanced Classes ☐

If Special Education_____

_____

Child receiving any type of Therapy: _____

_____

Classroom Behavior

Won't Sit Still In Seat: Yes ☐ No ☐ Don't Know ☐

Frequently Gets UP; Walks Around Classroom: Yes ☐ No ☐ Don't Know ☐

Shouts Out: Yes ☐ No ☐ Don't Know ☐

Won't Wait Turn: Yes ☐ No ☐ Don't Know ☐

Doesn't cooperate in group activities: Yes ☐ No ☐ Don't Know ☐

Does better in a one-to-one Relationship: Yes ☐ No ☐ Don't Know ☐

Doesn't respect the rights of others: Yes ☐ No ☐ Don't Know ☐

Doesn't pay attention to teacher: Yes ☐ No ☐ Don't Know ☐

Describe any other classroom behavior problems:_____

_____

_____

_____

_____

_____

_____

Peer Relationships

Does child seek friendships with peers? Yes ☐ No ☐ Don't Know ☐

Describe (if needed)_____

Is child sought by peers for friendship? Yes ☐ No ☐ Don't Know ☐

Describe (if needed)_____

Does child play with children: Own age? ☐ Younger? ☐ Older? ☐

Describe any problems your child may have with peers:_____
_____
_____
_____

Home Behavior (Check Current Behavior)

Hyperactivity:	Yes ☐	No ☐	Don't Know ☐
Poor Attention Span:	Yes ☐	No ☐	Don't Know ☐
Impulsivity:	Yes ☐	No ☐	Don't Know ☐
Gets easily frustrated:	Yes ☐	No ☐	Don't Know ☐
Temper Outbursts:	Yes ☐	No ☐	Don't Know ☐
Sloppy Table Manners:	Yes ☐	No ☐	Don't Know ☐
Interrupts Frequently:	Yes ☐	No ☐	Don't Know ☐
Doesn't Listen to when spoken to:	Yes ☐	No ☐	Don't Know ☐
Sudden outbursts:	Yes ☐	No ☐	Don't Know ☐
Acts like driven by a motor:	Yes ☐	No ☐	Don't Know ☐
Wears out shoes out often:	Yes ☐	No ☐	Don't Know ☐
Heedless to Danger:	Yes ☐	No ☐	Don't Know ☐
Excessive Number of Accidents:	Yes ☐	No ☐	Don't Know ☐
Doesn't Learn from Experience:	Yes ☐	No ☐	Don't Know ☐

Any Other Behavior At Home that causes problems:_____

_____

_____

Interests and Accomplishments

Child's main hobbies and interests? _____

Child's greatest accomplishment? _____

What does child enjoy doing the most? _____

What does the child dislike doing the most? _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Medical History

Childhood Diseases? Yes ☐ No ☐ Don't Know ☐

If Yes_____

Operations: Yes ☐ No ☐ Don't Know ☐

If Yes_____

Hospitalization: Yes ☐ No ☐ Don't Know ☐

If Yes_____

Head Injuries: Yes ☐ No ☐ Don't Know ☐

History of Biological Mother and Father

Medical History of Father _____

Father Used or Using: Drugs ☐ Alcohol ☐ Don't Know ☐

Learning problems of Father:_____

Diagnoses of Father:_____

Behavioral Problems of Father:_____

Mother Used or Using: Drugs ☐ Alcohol ☐ Don't Know ☐

Medical History of Mother:_____

Learning Problems of Mother:_____

Diagnoses of Mother:_____

Behavioral Problems of Mother:_____

Have blood relatives ever had problems similar to the child?

Yes ☐ No ☐ Don't Know ☐ If Any What? _____

_____

Please Check All items the child is Currently displaying

- Thumb sucking ☐
- Baby Talk ☐
- Overly Dependent for Age ☐
- Frequent Temper Tantrums ☐
- Excessive Silliness ☐
- Excessive Demands for Attention ☐
- Cries Easily and Frequently ☐
- Immature for Age ☐
- Eats Non-Edible Substances ☐
- Overeating with being overweight ☐
- Eating Binges with Overweight ☐
- Under eating with Underweight ☐
- Long Periods of Dieting with underweight ☐
- Poor Follow-through ☐
- Low Curiosity ☐
- Preoccupied with food ☐
- Preoccupied with bowel movements ☐
- Difficulty Sleeping ☐
- Bed wetting (Enuresis) ☐
- Frequent Nightmares ☐
- Sleepwalking ☐
- Excessive sexual preoccupation ☐
- Sex Play with other children ☐
- Excessive Masturbation ☐
- Little response to punishment ☐
- Few or no friends ☐
- Doesn't seek friendships ☐
- Friends don't seek out child for friendship ☐
- Not accepted by peers ☐
- Wants own way often ☐

- [ ] Open Defiance of Authority
- [ ] Persistent Lying
- [ ] Frequent Use of Profanity
- [ ] Truancy from School
- [ ] Ran Away From Home
- [ ] Violent Outburst of Rage
- [ ] Stealing
- [ ] Cruelty to Animals
- [ ] Cruelty to other children
- [ ] Destruction of Property
- [ ] Dangerous Acts
- [ ] Criminal Acts
- [ ] Violent Assault
- [ ] Fire Setting
- [ ] Little Guilt When Hurting others
- [ ] Quietly defiant of Authority
- [ ] Pretends to cooperate or comply but doesn't
- [ ] Often Hits other Children
- [ ] Doesn't Respect Rights of Others
- [ ] Excessively Self-Centered
- [ ] Taunts other children
- [ ] Complaining often
- [ ] Bullied by other children
- [ ] Bullies other children
- [ ] Anxiety
- [ ] Disorganized
- [ ] Tics (eye-blinking, repetitive movements
- [ ] Grunts(Not understandable noises)
- [ ] Stuttering
- [ ] Depression
- [ ] Frequent Crying
- [ ] Excessive Worry
- [ ] Excessive Desire to Please Authority
- [ ] Often Appears Insincere

- [ ] Drug Use
- [ ] Alcohol Use
- [ ] Very Tense
- [ ] Nail Biting
- [ ] Chews on Things
- [ ] Head Banging
- [ ] Pulls out own hair
- [ ] Picks at own Skin
- [ ] Speaks very rapidly
- [ ] "Flies off the handle" Irritable
- [ ] Fears Dark
- [ ] Fears Separation
- [ ] Allows self to be easily taken advantage of
- [ ] Frequently Pouts or sulks
- [ ] Bribes Other Children
- [ ] Excessively Competitive
- [ ] Cheats at Games
- [ ] Difficulty with Social Situations
- [ ] Acts Older Than Age
- [ ] Self Punishing
- [ ] Low Self-Esteem
- [ ] Refuses to Speak but Can
- [ ] Excessively Naïve or Gullible
- [ ] Easily Lead or overly passive
- [ ] Excessive Fantasy "lives in own world"
- [ ] Frequent aches or pains
- [ ] Frequent Nausea
- [ ] Excessive worries about getting sick
- [ ] Poor Motivation
- [ ] Takes the Easy way most of the time
- [ ] Avoids Responsibility
- [ ] Suspicious/Distrustful
- [ ] Smart Aleck/Wise Guy Attitude
- [ ] Often Brags/Boasts
- [ ] Sore Loser
- [ ] Doesn't Know When to Stop

Stubborn	☐	Often feels Cheated	☐
Does Opposite of Requested	☐	Wants Own Way	☐
Excessively Self Critical	☐	Feels Easily Hurt	☐
Dissatisfied with body appearance	☐	Upset When Criticized	☐
Perfectionist	☐	Excessively Modest	☐
Little Concern for Personal Hygiene	☐	Often Blames Others for own mistakes	☐
Shy	☐	Obsesses over things	☐
Excessively Talkative	☐	Recoils From Affectionate Physical Contact	☐
Hears Voices or Sounds that are not there	☐	Poor Communication	☐
		Sees things that are not there/Hallucinations	☐

Please describe any behaviors than were observed but not on this checklist:

_____

_____

List Child's Siblings and Ages:_____

_____

Names and Address of any other professionals

consulted:_____

_____

Please List any other issues not Mentioned Above

_____

_____

_____

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