

Child & Adolescent Evaluation Developmental History

Child's Name _____ Today's Date _____

Child's Age _____ Child's Date of Birth _____ Current School Grade _____

Current School _____

Name of Individual completing this form & relationship to the child: _____

Why are you seeking help for this child at this point in time? _____

Who referred you to our office? _____

What kind of services are you seeking for your child? (for example, psychiatric, psychological, neurobiological, educational evaluation; gifted or psychoeducational testing; therapy; parent training; ADHD coaching; second opinion, etc. Please feel free to write "uncertain".) _____

Who is your child's pediatrician? _____

Would you like us to confer with and/or advise the pediatrician of our evaluation and treatment plan? _____

Is your child currently seeing a psychologist or therapist, and if so, who? _____

Has your child seen a psychiatrist, psychologist or therapist in the past? If so, please briefly state details.

Has your child seen a neurologist in the past? If so, please give details. _____

With whom does your child live? (please include names and ages of siblings) _____

If your child lives in two homes due to a divorce, please give details of your child's "second" home, indicate which parent has primary custody of your child, and briefly outline the visitation schedule. _____

Father's name: _____ Years of education: _____

Profession or occupation: _____

Mother's name: _____ Years of education: _____

Profession or occupation: _____

What do you enjoy most about your child? _____

What do you find most challenging about raising your child? _____

What level of education do you hope your child will complete? (i.e. graduate school, technical training, law/medical/other advanced studies; bachelors degree in college) _____

Who is mainly responsible for discipline/structure in the home? _____

Do both parents agree on disciplinary strategies? _____

Please describe disciplinary techniques (also mention to which ones does your child positively respond). _____

Generally how much time does your child spend with each parent daily? _____

How was your pregnancy with your child? Were there any illnesses or problems during the pregnancy? Were there any medications taken? Please describe. _____

How was the labor and birth of your child? Was your child full-term? Did you suffer from toxemia or pre-eclampsia? _____

Did your child suffer from an infection at birth; require oxygen or any special care; and/or need to be kept in hospital for longer than the customary period? _____

DEVELOPMENT

Did your child suffer from colic? _____

How would you describe your child's temperament during the early months, as well as during the toddler years and preschool period (i.e. easy, slow to warm up, intense, difficult) _____

Were there any difficulties with feeding? _____

Were there any difficulties with speech, language, walking, parental bonding, intellectual/cognitive functioning; ability to relate to others during your child's toddler/preschool years? _____

What were your child's strengths during his/her early years? _____

Did your child suffer from any sleep problems during his/her early years? _____

Did your child suffer from an excessive amount of ear infections during the early years, and/or take a large amount of antibiotics? _____

Has your child ever been a victim of, or witness to any physical, sexual, or emotional abuse? If yes, please describe.

Has your child ever been physically, sexually, or emotional abusive towards others? If so, please describe. _____

MEDICAL HISTORY

Please list and describe any illnesses, chronic disorders (i.e. asthma, and/or operations) your child has had from birth up until the present time. _____

Has your child any history of injuries to the head, loss of consciousness, or concussion? If yes, please describe and include date(s). _____

Has your child ever had any history of motor vehicle accident involving mild or more significant injury? If yes, please describe and include date(s). _____

Has your child ever been on any long-term medication? Please give details. _____

Is your child allergic to any medication? _____

Does your child suffer from any allergies? _____

Is your child currently taking ANY medication? Please give details. _____

Please describe father's and mother's present health. _____

Has anyone in the family ever been in special education? If yes, please indicate whom and type of class. _____

FRIENDSHIPS

Please describe how well your child "plays" or relates to other children? _____

Does your child have any fear (even subtle) of meeting new children, being part of a social group, or interacting socially in general? _____

What role does your child take in peer group games (for example: leader, aggressor, etc.) _____

What role does your child's peer group have with him/her? Does your child have any significant friends who have a significant influence on him/her? _____

RECREATION & INTERESTS

In what activities does your child participate (for example: sports, karate, dance, music lessons)? _____

Generally, how well does your child do in these activities? Are any of them particularly meaningful or motivating for him/her? _____

EDUCATIONAL HISTORY

Please list the schools and dates your child has attended.

Has your child suffered from declining grades, specific learning difficulties, behavioral problems, motivational difficulties, or any other problems that have impaired his/her functioning at school? _____

Has your child ever been tested for a special education class or the gifted program? _____

Is your child currently or previously in honors and/or advanced placement classes? _____

Does your child show any particular strengths or difficulties in math, English, reading, writing, abstract thought/analysis, or spelling? _____

Do you have any concerns about your child's school? _____

FINAL COMMENTS

How would you describe your child's character (i.e. his/her capacity for compassion, empathy, commitment, honesty)? _____

Are there any current situational problems which may be causing stress to your child at school, at home, or somewhere else? _____

What does your child know about this evaluation? _____

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