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Developmental History Form

Date: _____ Form Completed by_____ Relationship to Child_____

Child's Full Name: _____ Sex: _____Age: _____

Date of Birth: _____Grade: _____School:_____

Primary Language: _____ Is child adopted? _____ If yes, at what age?_____

Does child live with both parents?_____ Home Phone: _____

Primary Parent Address: _____

Secondary Parent Address if applicable: _____

Parent Name: _____

Email: _____

Cell Phone: _____

Parent's Employer: _____

Parent Name: _____

Email: _____

Cell Phone: _____

Parent's Employer: _____

Referred by? _____

Briefly describe the current problems/concerns:

1. _____
2. _____
3. _____

Emergency Contact Information:

Name: _____Relationship: _____

Address: _____

Primary phone number: _____ Alternative phone number: _____

Pediatrician: _____ Address: _____

Pediatrician's phone number: _____

DEVELOPMENTAL HISTORY

Please list and describe any complications/illnesses mother experienced during pregnancy:

Please list and describe any complications child had at birth and during infancy:

Please note the age the following were achieved. If unsure of the age, check whether it was achieved early, late or within normal limits

	Age	Early	Normal	Late		Age	Early	Normal	Late
Walked	_____	☐	☐	☐	Grasped pencil/crayon	_____	☐	☐	☐
Fed Self	_____	☐	☐	☐	Tied shoes	_____	☐	☐	☐
Dressed Self	_____	☐	☐	☐	Pedaled tricycle	_____	☐	☐	☐
Spoke in short sentences	_____	☐	☐	☐	Rode bike	_____	☐	☐	☐

LANGUAGE DEVELOPMENT

(Please check off the following items that relate to your child's language)

- ☐ Often asks others to repeat what they have said
- ☐ Unable to understand what you are saying
- ☐ Unable to follow one step directions
- ☐ Unable to follow multi-step directions
- ☐ Unable to remember short messages
- ☐ Unable to respond correctly to yes/no questions
- ☐ Unable to respond correctly to who/what/where/when/why questions
- ☐ Has a hard time expressing his/her ideas
- ☐ Has a hard time asking for help/or making his/her wants and needs known to others
- ☐ Child does not enjoy listening to stories
- ☐ Repeats sounds, words, or phrases over and over
- ☐ Names things around the house and/or people
- ☐ Mispronounces words or leaves off sounds in words
- ☐ Leaves off small words (the, is, to) when speaking in sentences
- ☐ Leaves off endings (plurals, -ed) when speaking in sentences
- ☐ Child avoids being read to
- ☐ Gets frustrated when explaining things orally
- ☐ Trouble retrieving words s/he wants to use
- ☐ Talks around an issue without coming to the point

Is your child's speech:

- ☐ Usually loud
- ☐ Usually soft
- ☐ Hoarse, breathy, or strained-sounding
- ☐ Dysfluent, stammer, stutter
- ☐ Filled with "um" and "you know"
- ☐ Unable to be understood by familiar others
- ☐ Unable to be understood by unfamiliar others

Your child currently communicates using:

☐ Body language ☐ Single words/phrases ☐ Complete sentences

SENSORIMOTOR DEVELOPMENT

(Please check off the following items that relate to your child's sensory and motor skills)

TACTILE (TOUCH):

- ☐ Has trouble managing personal/physical space
- ☐ Over sensitive to clothing/textures/foods
- ☐ Under sensitive to clothing/textures/foods

VISUAL

- ☐ Has passed most recent vision screening
- ☐ Has trouble tracking objects with eyes
- ☐ Avoids eye contact with others
- ☐ Has trouble copying words from the board

AUDITORY (SOUND)

- ☐ Passed most recent hearing screening
- ☐ History of PE tubes in his/her ears
- ☐ History of frequent ear infections
- ☐ Sensitive to loud sounds (school bells, sirens)
- ☐ Fails to listen, or pay attention to what is said to him/her
- ☐ Has difficultly if 2 or 3 steps instructions are given at once
- ☐ Talks excessively/ not wait his/her turn

TASTE & SMELL

- ☐ Picky eater
- ☐ Has trouble eating different textured foods
- ☐ Sensitive to noxious smells/tastes
- ☐ Insensitive to noxious smells/taste
- ☐ Prefers spicy, sour bitter food flavors

VESTIBULAR (MOVEMENT)

- ☐ Loses balance easily
- ☐ Likes rough housing, jumping, crashing games
- ☐ Get carsick easily
- ☐ Prefers to be sedentary (on computer/ TV) rather than play outside?

MUSCLE TONE

- ☐ Slouches when sitting on floor/chair
- ☐ Gets tired easily playing or writing
- ☐ Seems generally weak compared to other kids

COORDINATION

- ☐ Has difficulty with sequential tasks; dressing, buttoning
- ☐ Has difficulty playing on playground equipment
- ☐ Has difficulty holding a pencil or crayon in a 3-point position
- ☐ Does not enjoy sports
- ☐ Poor ball skills for P.E. type activities
- ☐ Seems clumsy, awkward
- ☐ Bumps into furniture, people often
- ☐ Left Handed
- ☐ Right Handed
- ☐ Mixed hand preference/Ambidextrous
- ☐ Poor handwriting
- ☐ Has trouble using both hands together easily (opening milk carton, water bottle etc.)
- ☐ Cannot ride a bike
- ☐ Cannot tie shoelaces

SLEEP *(Please check off the following items that relate to your child's sleep)*

What time does your child go to sleep? _____ PM
What time does your child wake up? _____ AM

☐ Difficulty staying asleep ☐ Frequent wakening ☐ Nightmares

☐ Difficulty falling asleep ☐ Sleep walking ☐ Recurrent nightmares

Describe any past or present concerns/difficulties regarding your child's sleep patterns:

TOILETING (*Please check off any of the following difficulties related to your child's toilet training)*

	Age	Early	Normal	Late
Trained for urine	_____	☐	☐	☐
Trained for bowels	_____	☐	☐	☐

☐ Bed wetting after training ☐ Toileting accidents during the day

☐ Other *(please describe)*

CURRENT BEHAVIOR *(Please check off the following items that relate to your child's current behavior)*

- ☐ Shy
- ☐ Immature
- ☐ Well behaved
- ☐ Stubborn
- ☐ Impulsive
- ☐ Temper tantrums
- ☐ Cries excessively
- ☐ Tells lies
- ☐ Thumb sucking
- ☐ Head banging
- ☐ Nail biting
- ☐ More active than other children
- ☐ Clumsy using hands
- ☐ Poor handwriting
- ☐ Clumsy walking
- ☐ Blank spells
- ☐ Fainting spells
- ☐ Tics and twitching
- ☐ Always in motion
- ☐ Excessively fidgety
- ☐ Difficulty paying attention
- ☐ Difficulty staying at one task for a long time
- ☐ Gets distracted while watching TV
- ☐ Difficulty with transitions/separation
- ☐ Difficulty with finishing a task
- ☐ Disorganized
- ☐ Shows poor judgment in dangerous or questionable situations
- ☐ Poor awareness of time
- ☐ Gets lost easily
- ☐ Frequent Accidents
- ☐ Destructive/aggressive
- ☐ Difficulty listening
- ☐ Gets easily frustrated
- ☐ Has poor self-esteem
- ☐ Fears making mistakes
- ☐ Eats paint, paper, etc.
- ☐ Moods change quickly
- ☐ Difficulty understanding jokes
- ☐ Self-abusive behavior
- ☐ Withdrawn
- ☐ Stubborn
- ☐ Poor eye contact
- ☐ Plays alone for a reasonable length of time
- ☐ Cooperative
- ☐ Attentive
- ☐ Willing to try new activities

Were any of the above behaviors significant issues which have now gone away? If so, please explain below:

MEDICAL HISTORY

Please describe any hospitalizations or injuries your child may have had

Please report any medical diagnoses or conditions

Please report any vision or hearing concerns

Please check if your child complains of any of the following conditions, and note how frequent the complaints occur in the space provided.

- ☐ Headache _____
- ☐ Nausea _____
- ☐ Vomiting _____
- ☐ Weakness _____
- ☐ Dizziness _____
- ☐ Stomachache _____
- ☐ Aches or pains _____
- ☐ Trouble with hearing _____
- ☐ Chronic constipation_____
- ☐ Trouble with vision _____

Please list all previous medications that were taken for more than one month:

Name	Dose	Reason Given

Current Medications

Does your child have a diagnosis from a pediatrician, psychologist, psychiatrist, or other professional? If yes, please describe.

EDUCATIONAL HISTORY

(Please check off any of the following which relate to your child's educational background)

☐ Child attended preschool/childcare ☐ Child attended Kindergarten

What (if any) problems were reported?

List all prior schools attended (and years of attendance):

Current school: _____

Teacher's name: _____

School Address: _____

School phone number: _____

Current grade placement: _____

☐ Regular classroom ☐ Special ed/placements: _____

(If your child has an Individualized Education Plan (IEP) or 504 Plan, please provide copies of these plans)

What are your child's academic strengths and/or best subjects?

Is your child having any difficulty with any academic subjects or school conduct? Please describe.

Please check off if any of the following problems were reported by your child's school or teacher:

☐ Reading
☐ Spelling
☐ Math
☐ Writing
☐ Behavior
☐ Social Adjustment
☐ Attention Span
☐ Distractibility
☐ Hyperactivity
☐ Following Directions
☐ Getting along with other children
☐ Getting along with teachers
☐ Does not complete homework readily

Please describe your child's attitude towards school:

Has your child ever missed an extended amount of school? ____ If yes, please explain.

Has your child ever had any of the following evaluations performed in school or privately? *(Please provide copies of all prior test reports)*

	Name of Evaluator	Date of Evaluation	Findings
Physical Therapy			
Occupational Therapy			
Speech & Language			
Audiology			
Psychology			
Neurology			
Other:			

Has your child ever received any of the following therapies in school or privately? Explain.

Physical Therapy	
Occupational Therapy	
Speech & Language	
Social Worker	
Psychologist	
Other:	

SOCIAL EMOTIONAL DEVELOPMENT

Describe your child's current social skills and peer relationships. Please note if your child has a history of being bullied/teased or has been aggressive in play with others:

How would you describe your child socially? How do you think your child interacts with peers while at school?

Does your child have difficulty keeping friends? _____Does your child have a best friend? _____

What special interests does your child have?

Please list your child's favorite hobbies, activities, and games, other than sports (e.g. piano, books, dolls, crafts, cars, etc.). Also, please describe how well you feel your child does in these areas:

Which sports does your child most enjoy playing? Describe how well your child does in these sports compared to peers:

Please list any additional organizations, clubs, teams, or groups in which your child participates:
How does your child handle stress?

What are your child's strengths?

In what areas would you like to see your child stronger?

FAMILY HISTORY

Parents: Married _____ Domestic Partner_____ Single Parent _____Separated _____Divorced _____Remarried _____

Please check off family members who reside in the child's home and list each person's name and age:

□ Mother _____ □ Father _____

□ Siblings (name/age) _____; _____; _____

_____; _____; _____

□ Other _____

□ Other _____

Please list names, ages, and family living outside the home:_____; _____

_____; _____; _____

FAMILY RELATIONS

(Please check whether any of the following are present within your family)

Are their significant marital conflicts? If so briefly describe: _____

Is there conflict between child and parents? If so briefly describe: _____

Is there conflict between children? If yes, briefly describe: _____

Do parents agree on discipline? _____ Who disciplines the child and how?

Please explain how your child responds to discipline?

Does your child have difficulty getting along with parents?_____ brothers and sisters?_____

Describe your child's relationship with you, his/her parents:

Describe your child's relationship with his/her siblings:

Check the activities in which the child participates with the family:

□ Movies □ Meals □ Conversations □ Visits with relatives □ Television
□ Church □ Games □ Sports □ Trips □ Other

FAMILY MEDICAL HISTORY

(Please check off whether any family members have a history of any of the following conditions. If yes, please note below each condition the child's relation to the family member.)

- ☐ Attention Deficit/Hyperactivity
- ☐ Depression
- ☐ Anxiety
- ☐ Bipolar Disorder
- ☐ Substance Abuse/Dependency
- ☐ Autism/Pervasive Developmental Disorders
- ☐ Learning Problems or Learning Disabilities
- ☐ Developmental Delays
- ☐ Bedwetting/Bowel Movement Witholding
- ☐ Neurological disease
- ☐ Seizures
- ☐ Hearing problems
- ☐ Visual Problems
- ☐ Slowness in walking
- ☐ Slowness in talking
- ☐ Speech Problems
- ☐ Mental retardation
- ☐ Psychiatric Hospitalization
- ☐ Difficulty with Law
- ☐ Other: (list)

Please describe any other information that you would like to share about your child?

Feel free to attach a recent photo of your child in the space above.

Thank you for taking the time to complete this form!

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