



## CHILD/ ADOLESCENT DEVELOPMENTAL HISTORY (for ages 17 and younger)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ today's date: \_\_\_\_\_

What was your child's birth weight? \_\_\_\_\_ Lbs \_\_\_\_\_ Oz.  Unknown

Was delivery normal?  Yes  No  Unknown

If no, specify: \_\_\_\_\_

Did the birth mother experience any physical or emotional problems during pregnancy?

Yes  No  Unknown

Did the birth mother consume alcoholic beverages or abuse any street drugs during pregnancy?

Yes  No  Unknown

If yes, specify: \_\_\_\_\_

Did the baby experience any problems immediately after birth?

Yes  No  Unknown

Did caregivers feel bonded to child throughout infancy?  Yes  No  Unknown

Has your child ever required hospitalization?  Yes  No  Unknown

Is there any history of physical, sexual or emotional abuse?  Yes  No  Unknown

Is there a history of prolonged separations or traumatic events?  Yes  No  Unknown

If yes, specify: \_\_\_\_\_

Any disruptions in child's caregiving relationships?  Yes  No  Unknown

If yes, specify: \_\_\_\_\_

### How would you describe your child's approach to new situations?

Positive, jumps right in

Positive (happy, laughing, upbeat, hopeful)

Withdrawn, tends to not participate slow to warm up, cautious

Negative (depressed, cranky, angry, hostile)

Mixed but more positive than negative

Mixed but more negative than positive

How would you generally describe your child's overall mood? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





AT WHAT AGE DID YOUR CHILD DID THE FOLLOWING: (*Italicized areas reflect typical development*)

Smiled (*6 months*) \_\_\_\_\_

Crawled (*6 to 10 months*) \_\_\_\_\_

Sat alone (*6 to 10 months*) \_\_\_\_\_

Rode a bike (*6 years*) \_\_\_\_\_

Talked in sentences (*30 to 36 months*) \_\_\_\_\_

Rolled over (*6 months*) \_\_\_\_\_

Walked unassisted (*12 months*) \_\_\_\_\_

Talked in single words (*18 to 24 months*) \_\_\_\_\_

Held head up (*3 to 4 months*) \_\_\_\_\_

Pulled self-up (*6 to 10 months*) \_\_\_\_\_

Fed self (*2 years*) \_\_\_\_\_

Established toilet training (*2 ½ to 4 years*) \_\_\_\_\_

NAME AND ADDRESS OF CHILD'S SCHOOL

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WOULD YOU SAY YOUR CHILD ENJOYS SCHOOL?

Yes  No If no, (specify) \_\_\_\_\_

IS YOUR CHILD CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES IN SCHOOL?

Yes  No If yes, (specify) \_\_\_\_\_

HAS YOUR CHILD EVER FAILED A CLASS OR BEEN HELD BACK FOR ACADEMIC REASONS?

Yes  No If yes, (specify) \_\_\_\_\_

IS YOUR CHILD EXPECTED TO PASS THIS SCHOOL YEAR?

Yes  No If No, (specify) \_\_\_\_\_

