

DEVELOPMENTAL HISTORY

Child's Name: _____

Parent(s) Name: _____

Date: _____ Child's Date of Birth: _____

Please fill out this form as completely as possible. This information will help me to have a fuller picture of your child's development.

Pregnancy

- (1) Was your child planned? _____ Wanted? _____ Boy or girl preference? _____
- (2) Any complications during the pregnancy? _____
- (3) Mood of mother during pregnancy: _____
- (4) Living situation or important events during pregnancy? _____
- (5) Did mother have medications during pregnancy? _____
- (6) Full term or premature baby? _____
- (7) What was labor like? _____
- (8) Weight and condition of baby at birth: _____
- (9) How soon did the mother see the baby after the birth? _____
- (10) Was father present? _____

Feeding

- (1) Was the baby bottle or breast fed? _____
- (2) Any problems with weight gain? _____
- (3) Was baby colicky? _____
- (4) When was baby weaned? _____
- (5) History of thumb-sucking or pacifier? _____
- (6) Any feeding difficulties past or present? _____
- (7) How frequently did the father care for the baby? _____

Sleep

- (1) How did the child sleep as an infant? _____
- (2) History of disturbances (nightmares, etc.)? _____
- (3) Where does child sleep now? _____
- (4) Habits or rituals related to sleep? _____
- (5) Who is the parent that typically helps the child get ready for bed? _____

Motor

- (1) Age child sat up alone: _____
- (2) Any problems with coordination? _____

- (3) How active is your child now? _____
- (4) Any nervous habits or tics? _____

Verbal

- (1) Age child talked? _____ Sentences? _____
- (2) Any speech delays/problems? _____
- (3) Is your child more talkative or quiet? _____
- (4) Now? _____

Social

- (1) Did anyone help the mother or father raise the child? _____
- (2) Does your child make friends easily? _____
- (3) Number of friends _____ Usual age of friends _____
- (4) Is your child a "leader," "follower," "bully," etc. in friendships? _____
- (5) How does your child react to strangers? _____
- (6) How often, on the average, does your child interact with friends outside of school?

- (7) List any clubs, activities, sports your child engages in/belongs to:

- (8) How involved was/is the father is raising the child? _____

Discipline

- (1) Easy or difficult to control, past and present: _____
- (2) Who disciplines? _____
- (3) How do they discipline? _____
- (4) Reaction of child: _____
- (5) Reaction of parents: _____

School

- (1) Where does your child attend school? _____
- (2) Current Grade? _____ Special Education / IEP? _____
- (3) How many different schools has your child attended? _____
- (4) Child's first reaction to school: _____
- (5) Any history of adjustment problems? _____
- (6) Child's current attitude toward school: _____

Medical History

- (1) Any birth defects? _____
- (2) Major illnesses (including accidents, head injuries, convulsions)?

- (3) Any hospitalizations? _____
- (4) If so, for what? _____ When? _____ Length of stay: _____

- (5) Current medical condition? _____
- (6) Any allergies? _____
- (7) Any medications? _____
- (8) If so, what condition are they treating? _____

Adolescence

- (1) Has your child gone through puberty yet? _____
- (2) At what age did this begin? _____
- (3) Your child's reaction to this? _____
- (4) Any problems with maturation? _____
- (5) Does your teen have same-gender friends? _____
- (6) How many? _____ How do they interact together? _____
- (7) Does your child have other-gender friends? _____
- (8) Has he/she began to date? _____ At what age, if so: _____
- (9) What problems with peers does your teen discuss with you?

Family History

- (1) Any significant illness, surgeries, etc. in immediate family?

- (2) Has any significant family member died?

- (3) Has your child ever been separated from his/her parents?

- (4) Has your child lost a parent due to divorce or other separation? _____
- (5) Child's reaction to this, if so: _____
- (6) How was separation explained to the child?

- (7) Child's siblings:

- (8) Which sibling is your child closest to? _____
- (9) Any family history of psychiatric or emotional disorders?

Trauma

- (1) Has any traumatic event or abuse happened to your child?

- (2) If so, what?

- (3) How long did it go on? _____
- (4) Child's reaction to the trauma: _____
- (5) Parent(s) reaction to the trauma: _____

Counseling

(1) Has your child ever received counseling? _____

(2) If so, when? _____ For how long: _____ With whom: _____

(3) Was previous counseling effective? _____

(4) Why or why not? _____

(5) What issues do you feel are most important for a counselor to address with your child now?

Other

Please use the space below to add any information about your child that you feel is significant and therefore, important to know. The more I know about your child, the better able I am to help him/her.