

Child History Form

Child's Name: _____ Today's Date: _____

Sex: ___M ___F Date of Birth: _____ Age: _____

Person Completing Information: _____

Relationship to Student: _____

School Attending: _____ Grade: _____

School Counselor's Name: _____

School Teacher's Name: _____

Special Education? ___Yes ___No If Yes, what type? _____

Mother's Name: _____

Father's Name: _____

Stepmother's Name (if applicable): _____

Stepfather's Name (if applicable): _____

Referral Source: _____

Is your child taking medication? ___Yes ___No If Yes, what type? _____

1. Please identify problem(s): _____

2. When did the problem(s) begin? _____

3. List anything you did to improve the problem(s): _____

Please list the names of all family members with whom the child lives: (continue list on the back of this page)

Name

Age

Relation to the Child

Are the biological parents divorced? _____ separated? _____ widowed? _____

If so, at what age was the child when these events occurred? _____

If the biological parents are divorced, who has legal custody? _____

Does the child visit the noncustodial parent? ____ Yes ____ No. If so, how often? _____

Who cared for the child during the first two years? Describe changes in caretakers: _____

Was English the child's first language? If not, what was the first language and when did the child learn to speak English? _____

Does the child have a close relationship with an adult not presently living at home? (ex.: grandparent, relative, family friend) If so, with whom? _____

Is mother employed outside the home? ____ Yes ____ No If so, where? _____

_____ How many hours per week? _____

____ Mother's occupation: _____

Is father employed outside the home? ____ Yes ____ No If so, where? _____

_____ How many hours per week? _____

Father's occupation: _____

Mother's education level: _____

Father's education level: _____

Does the child play outside in the neighborhood? _____

What activities does your child enjoy? _____

What kinds of jobs or household responsibilities does your child have? _____

Does he/she do them willingly? _____ Without prompting? _____

What kinds of activities do you do together as a family? _____

Describe your child's strengths: _____

Has your child ever had a psychological or psychiatric evaluation? _____

If so, when and by whom? _____

Has your child attended any occupational therapy, physical therapy, or speech therapy? _____

SCHOOLING

Please list schools attended:

Daycare? ___ Yes ___ No If so, at what ages? _____

Preschool? ___ Yes ___ No If so, at what ages? _____

| <u>Academic Year</u> | <u>School Name and City/State</u> | <u>Grades Earned</u> |
|----------------------|-----------------------------------|----------------------|
|----------------------|-----------------------------------|----------------------|

| | | |
|--------------|-------|-------|
| Kindergarten | _____ | _____ |
|--------------|-------|-------|

| | | |
|-----------|-------|-------|
| 1st grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|-----------|-------|-------|
| 2nd grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|-----------|-------|-------|
| 3rd grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|-----------|-------|-------|
| 4th grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|-----------|-------|-------|
| 5th grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|-----------|-------|-------|
| 6th grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|-----------|-------|-------|
| 7th grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|-----------|-------|-------|
| 8th grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|-----------|-------|-------|
| 9th grade | _____ | _____ |
|-----------|-------|-------|

| | | |
|------------|-------|-------|
| 10th grade | _____ | _____ |
|------------|-------|-------|

| | | |
|------------|-------|-------|
| 11th grade | _____ | _____ |
|------------|-------|-------|

| | | |
|------------|-------|-------|
| 12th grade | _____ | _____ |
|------------|-------|-------|

Did your child skip or repeat any grades? _____

Best school subjects: _____

Worst school subjects and any particular problem areas: _____

Did the child's school performance change dramatically? If so, please explain: _____

PRENATAL HISTORY

Were there any significant problems in the pregnancy? ___ Yes ___ No If yes, please specify: _____

Any use of alcohol: _____

Amount: _____ How often? _____

Any use of medications or drugs (including tobacco): _____

Amount: _____ How often? _____

Length of: pregnancy _____; labor and delivery _____

Were there any complications in labor/delivery? ____ Yes ____ No If yes, please specify: _____

NEONATAL HISTORY

Birth weight: _____

Were there any significant problems for the child at birth or in the newborn phase? ____ Yes ____ No

If yes, please specify: _____

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INFANCY (0 to 12 months)

Check if applicable, any significant problems, delays, and/or difficulties your child had in the 1st year:

| | | |
|-----------------|-----------------------------------|--------------------------------|
| _____ feeding | _____ bowel and or urinary habits | _____ intolerance of affection |
| _____ sleeping | _____ inability to be consoled | _____ sitting unassisted |
| _____ breathing | _____ crawling | _____ emotional responsiveness |
| _____ colic | _____ allergies/ear infections | |

Please specify any other significant problems: _____

Check if applicable, any significant problems, delays, and/or difficulties your child had between the ages of 1 to 3 years:

| | | |
|--------------------------|-----------------------|---------------------------------|
| _____ walking unassisted | _____ feeding self | _____ allergies/ear infections |
| _____ first words | _____ using sentences | _____ severe temper tantrums |
| _____ entertaining self | _____ toilet training | _____ self-destructive behavior |
| _____ stranger anxiety | _____ overactivity | |

Please specify any other significant problems: _____

CHILDHOOD (3 to 11 years)

Check if applicable, any significant problems, delays, and/or difficulties your child has displayed since early childhood on in these areas:

| | | |
|---------------------------|---|--------------------------------|
| _____ impulsive | _____ aggressive | _____ self-destructive habits |
| _____ very shy | _____ nervous/fearful | _____ completing tasks, chores |
| _____ overactivity | _____ short attention span | _____ severe temper tantrums |
| _____ uncoordinated | _____ bowel/urinary habits | _____ obeying adults |
| _____ reading skills | _____ writing skills | _____ math skills |
| _____ academic failure | _____ cooperating in group activities | |
| _____ destroying property | _____ prolonged sadness or irritability | |

Please specify any other significant problems: _____

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ADOLESCENCE (12 to 18 years)

Check if applicable, any significant problems, delays, and/or difficulties your teenager has displayed since early childhood on in these areas:

_____ prolonged sadness or irritability
_____ "gang" membership
_____ aggressive
_____ pregnancy
_____ temper outbursts

_____ truancy
_____ academic failure
_____ impulsive
_____ drug or alcohol use
_____ fighting

_____ delinquency
_____ social isolation
_____ sexually active
_____ running away
_____ eating/appetite

Please specify any other significant problems: _____
