

**CENTER FOR CHILD & FAMILY DEVELOPMENT  
CHILDHOOD HISTORY FORM**

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

State

Zip Code

Parent/Guardian Names \_\_\_\_\_

Mother Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Father Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Child is presently living with:

Biological Mother \_\_\_\_\_

Biological Father \_\_\_\_\_

Adoptive Mother \_\_\_\_\_

Adoptive Father \_\_\_\_\_

Stepmother \_\_\_\_\_

Stepfather \_\_\_\_\_

Foster Mother \_\_\_\_\_

Foster Father \_\_\_\_\_

Other (specify): \_\_\_\_\_

Primary language in home \_\_\_\_\_

Child's School (name/address) \_\_\_\_\_

Grade \_\_\_\_\_ Special Placement/Services (if any) \_\_\_\_\_

Who referred you for this evaluation? \_\_\_\_\_

What specific questions would you like answered by this evaluation?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List names and addresses of others involved with the child (Pediatrician, counselor, prior evaluations etc.)

Name	Address	Phone
1.		
2.		
3.		

Does anyone else provide medical care for your child on a regular basis? Yes \_\_\_\_ No \_\_\_\_

If Yes, name /being treated for: \_\_\_\_\_

Is your child receiving care from a day care center or child care provider? Yes \_\_\_\_ No \_\_\_\_

Name of Child Care Provider/Center: \_\_\_\_\_

**FAMILY HISTORY**

Mother \_\_\_\_\_ Age \_\_\_\_\_

Current status: Married \_\_ Single \_\_ Divorced \_\_ Widowed \_\_ Separated \_\_\_\_\_

Years married to current spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_

School:      Highest grade completed \_\_\_\_\_

                 Learning problems \_\_\_\_\_

                 Attention problems \_\_\_\_\_

                 Behavior problems \_\_\_\_\_

                 Medical problems \_\_\_\_\_

Have any of your blood relatives experienced medical, developmental, neurological, psychiatric or emotional difficulties? If so, briefly describe:

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

Father \_\_\_\_\_ Age \_\_\_\_\_

Current status: Married \_\_ Single \_\_ Divorced \_\_ Widowed \_\_ Separated

Years married to current spouse: \_\_\_\_\_

Occupation \_\_\_\_\_

School:      Highest grade completed \_\_\_\_\_

                 Learning problems \_\_\_\_\_

                 Attention problems \_\_\_\_\_

                 Behavior problems \_\_\_\_\_

                 Medical problems \_\_\_\_\_

Have any of your blood relatives experienced medical, developmental, neurological, psychiatric or emotional difficulties?

If so, briefly describe: \_\_\_\_\_

**Child's Siblings:**

	Name	Date of Birth	Age	Grade/Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Have any of your child's siblings experienced medical, developmental, neurological, or emotional difficulties? If so, briefly describe:

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

**PREGNANCY**

Number of pregnancies: \_\_\_\_\_ Miscarriages: \_\_\_\_\_

Age at time of pregnancy with this child \_\_\_\_\_ Duration of pregnancy \_\_\_\_\_

Hospital/Location \_\_\_\_\_

Complications and Medical Problems: (Infections; Hypertension; Toxemia; Exposures to Toxins; Hospitalizations)

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

List all the medications (prescribed or over-the-counter) that were taken while pregnant:

Smoking during pregnancy \_\_\_\_\_ #cigarettes per day \_\_\_\_\_

Alcohol/Other Drug use (specify) \_\_\_\_\_ frequency \_\_\_\_\_

Psychological problems \_\_\_\_\_

**DELIVERY**

Type of Labor: Spontaneous \_\_\_\_\_ Induced \_\_\_\_\_ Duration (hrs) \_\_\_\_\_

Type of Delivery: Normal \_\_\_\_\_ Breech \_\_\_\_\_ Caesarean \_\_\_\_\_

Complications at Delivery: \_\_\_\_\_

Birth Weight \_\_\_\_\_ Apgar Scores \_\_\_\_\_

### POST DELIVERY PERIOD

Number of days infant was in the hospital after delivery \_\_\_\_\_

Respiratory Distress (specify) \_\_\_\_\_

Infection (specify) \_\_\_\_\_

Jaundice \_\_\_\_\_

Other \_\_\_\_\_

### INFANCY PERIOD

Did your child exhibit any of the following, to a significant degree, during the first few years of life? If so, describe:

Did not enjoy cuddling \_\_\_\_\_

Difficult to comfort \_\_\_\_\_

Excessive restlessness \_\_\_\_\_

Colic \_\_\_\_\_

Excessive irritability \_\_\_\_\_

Diminished sleep \_\_\_\_\_

Frequent headbanging \_\_\_\_\_

Difficult nursing \_\_\_\_\_

Constantly into everything \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information:

Childhood illnesses \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Operations \_\_\_\_\_

Head injuries \_\_\_\_\_

Convulsions \_\_\_\_\_ with fever \_\_\_\_\_ without fever \_\_\_\_\_

Eye problems \_\_\_\_\_

Ear problems \_\_\_\_\_

Allergies \_\_\_\_\_

Poisoning \_\_\_\_\_

Sleep problems \_\_\_\_\_

Appetite \_\_\_\_\_

**PRESENT MEDICAL STATUS**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Present illness for which your child is being treated \_\_\_\_\_

Medications child is taking on ongoing basis \_\_\_\_\_

**DEVELOPMENTAL MILESTONES**

If you can recall, please note the age at which your child reached the following developmental milestones. If you cannot recall exactly check item at right:

	Age	Early	Normal	Late
Smiled	_____	_____	_____	_____
Sat without support	_____	_____	_____	_____
Crawled	_____	_____	_____	_____
Walked without assistance	_____	_____	_____	_____
Babbling	_____	_____	_____	_____
Spoke first words	_____	_____	_____	_____
Said phrases	_____	_____	_____	_____
Said sentences	_____	_____	_____	_____
Bladder trained, day	_____	_____	_____	_____
Bladder trained, night	_____	_____	_____	_____
Bowel trained, day	_____	_____	_____	_____
Bowel trained, night	_____	_____	_____	_____
Rode tricycle	_____	_____	_____	_____
Rode bicycle (no training wheels)	_____	_____	_____	_____
Buttoned clothing	_____	_____	_____	_____
Tied shoelaces	_____	_____	_____	_____
Named colors	_____	_____	_____	_____
Said alphabet in order	_____	_____	_____	_____
Began to read	_____	_____	_____	_____

**COMMUNICATION**

Was rate of language development:

average \_\_\_\_\_ slow \_\_\_\_\_ interrupted

Did child respond to environmental sounds and voices? \_\_\_\_\_

Have you ever questioned your child's hearing ability? \_\_\_\_\_

Explain \_\_\_\_\_

Does child use extensive gestures instead of words? \_\_\_\_\_

Does child avoid speaking \_\_\_\_\_ recognize own difficulty \_\_\_\_\_

What changes have been noticed in child's speech since the difficulty was noticed \_\_\_\_\_

Give examples of child's present speech: \_\_\_\_\_

Is child's speech understood by parents \_\_\_\_\_

siblings \_\_\_\_\_

playmates \_\_\_\_\_

teacher \_\_\_\_\_

relatives \_\_\_\_\_

**COORDINATION**

Rate your child on the following skills:

Above Average

Average

Poor

Walking \_\_\_\_\_

Running \_\_\_\_\_

Throwing \_\_\_\_\_

Catching \_\_\_\_\_

Shoelace tying \_\_\_\_\_

Buttoning \_\_\_\_\_

Writing \_\_\_\_\_

Athletic abilities \_\_\_\_\_

Excessive number of accidents compared to other children (specify) \_\_\_\_\_

**COMPREHENSION AND UNDERSTANDING**

Do you consider your child to understand directions and situations as well as other children his or her age?

Yes \_\_\_ No \_\_\_ If not, to what do you attribute this? \_\_\_\_\_

How would you rate your child's overall level of intelligence compared to other children?

Below average \_\_\_\_\_ Average \_\_\_\_\_ Above Average \_\_\_\_\_

**SCHOOL HISTORY**

Rate your child's school experiences related to learning:

Good	Average	Poor
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Nursery School/Preschool \_\_\_\_\_

Kindergarten \_\_\_\_\_

Elementary School \_\_\_\_\_

Middle School \_\_\_\_\_

High School \_\_\_\_\_

Current Grade \_\_\_\_\_

Describe briefly any academic school problems \_\_\_\_\_

Has your child ever had to repeat a grade? \_\_\_ If so, when? \_\_\_\_\_

Present class placement: Regular Class \_\_\_ Special Class (if so, specify) \_\_\_\_\_

Kinds of special counseling or remedial work your child is currently receiving \_\_\_\_\_

Rate your child's school experiences related to behavior:

Good	Average	Poor
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Nursery school \_\_\_\_\_

Kindergarten \_\_\_\_\_

Current grade \_\_\_\_\_

Does your child's teacher describe any of the following as significant classroom problems for your child?

Please check and comment briefly: \_\_\_\_\_

Does not sit still in his or her seat \_\_\_\_\_

Frequently gets up and walks around the classroom \_\_\_\_\_

Shouts out. Does not wait to be called on \_\_\_\_\_

Not able to wait his/her turn \_\_\_\_\_

Does not cooperate well in group activities \_\_\_\_\_

Typically does better in one-to-one relationship \_\_\_\_\_

Does not respect the rights of others \_\_\_\_\_

Does not pay attention during storytelling or show and tell \_\_\_\_\_

Describe briefly any other classroom behavioral problems: \_\_\_\_\_

**HOME BEHAVIOR**

All children exhibit, to some degree, the behaviors listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his or her own age.

Fidgets with hands, feet or squirms in seat \_\_\_\_\_

Has difficulty remaining seated when required to do so \_\_\_\_\_

Easily distracted by extraneous stimulation \_\_\_\_\_

Has difficulty awaiting his/her turn in games or group situations \_\_\_\_\_

Blurts out answers to questions before they have been completed \_\_\_\_\_

Has problems following through with instructions (usually not due to opposition or failure to comprehend) \_\_\_\_\_

Has difficulty paying attention during tasks or play activities \_\_\_\_\_

Shifts from one uncompleted activity to another \_\_\_\_\_

Has difficulty playing quietly \_\_\_\_\_

Often talks excessively \_\_\_\_\_

Interrupts or intrudes on others (often not purposeful or planned but impulsive) \_\_\_\_\_

Does not appear to listen to what is being said \_\_\_\_\_

Loses things necessary for tasks or activities at home \_\_\_\_\_

Boundless energy \_\_\_\_\_

Poor judgment \_\_\_\_\_

Impulsivity (poor self control) \_\_\_\_\_

Frustrates easily \_\_\_\_\_

Temper tantrums/outbursts \_\_\_\_\_

Aggression towards others \_\_\_\_\_

Does not seem to learn from experience \_\_\_\_\_

Poor memory \_\_\_\_\_

A "different child" \_\_\_\_\_

Does your child create more problems, either purposeful or non-purposeful, within the home setting than his or her siblings? \_\_\_\_\_

Is your child's behavior the same at home and in community settings, such as school, child care, etc.? \_\_\_\_\_

Types of discipline you use with your child \_\_\_\_\_

Is there a particular form of discipline that has proven most effective? \_\_\_\_\_

Have you participated in a parenting class or obtained other assistance for your child concerning discipline and behavior management? \_\_\_\_\_

**PEER RELATIONSHIPS**

Does your child seek friendships with peers? \_\_\_\_\_ Is your child sought by peers for friendship? \_\_\_\_\_

Does your child play with children primarily his or her own age? \_\_\_\_\_

Younger? \_\_\_\_\_ Older? \_\_\_\_\_

Describe briefly any problems your child may have with peers \_\_\_\_\_

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

**INTERESTS AND ACCOMPLISHMENTS**

What are your child's main hobbies and interests? \_\_\_\_\_

What are your child's areas of greatest accomplishment? \_\_\_\_\_

What does your child dislike doing most? \_\_\_\_\_

What do you like most about your child? \_\_\_\_\_

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



**ADDITIONAL REMARKS:**

Please write any additional remarks you may wish to make regarding your child.

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**THIS FORM HAS BEEN COMPLETED BY: Parent/Guardian \_\_\_\_\_ Other \_\_\_\_\_**

**Name \_\_\_\_\_ Relationship to child \_\_\_\_\_**

**Address \_\_\_\_\_**

**Date Completed \_\_\_\_\_**