

Today's Date: _____

Developmental History

Name of child: _____

Date of Birth: _____

Informant(s): _____

Relationship: _____

Pregnancy Information (if known)					
Was child adopted?	Y	N	Age of adoption: _____	Length of pregnancy: _____ mos	
Mother's health during pregnancy: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
Any illness/complications during pregnancy?				Y	N
Any maternal substance use (prescription medication, recreational drugs, alcohol) before or during pregnancy?				Y	N
Were there complications with labor?				Y	N
Were there complications with delivery?				Y	N
Were there health concerns after the birth?				Y	N
<i>Please add details for any difficulties during pregnancy mentioned above in this space.</i>					

Early Development		
Delays or difficulties in motor skill development (sitting up, standing, walking, running)	Y	N
Delays or difficulties with language?	Y	N
Toilet training difficulties/bedwetting?	Y	N
Unusual childhood illnesses?	Y	N
Were there health concerns after the birth?	Y	N
<i>Please add details for any difficulties during early development mentioned above in this space.</i>		

Caretakers		
Over the child's life who have been her/his primary caretakers?		
Has there been any difficulties with the people who have cared for this child?	Y	N
Has there been any long separation from the primary caregiver?	Y	N
<i>Please add details in this space.</i>		

Social History			
<i>Circle all that describe your child's temperament as an infant and toddler. Add other descriptions as needed.</i>			
Shy	Slow to Warm Up Then Confident	Confident	"Into Everything"
Easily Frustrated	Often Fussy	Calm	Happy
<i>Other descriptions...</i>			
How did your child do with being able to separate from you as a toddler and preschooler (compared to other children around the same age)?			
Does your child have friends to do activities and fun things with?	Y	N	
Does your child have close friends that are particularly special to them?	Y	N	
Does your child make direct eye contact when socializing/speaking with others?	Y	N	
Please list early social or behavioral strengths or challenges:			

School History			
Would you describe your child's academic performance in school as (circle one):			
Below Average	Average	Above Average	
What is/are their best subject(s):			
What is/are their worst subject(s):			
Any grades repeated?	Y	N	If so, which grade(s):
Has your child changed schools besides the typical changes from elementary school to middle/junior high school, to high school?			Y N
If so, when & why:			
Please describe things that are going well in school and things that have been a problem in school:			

 Reviewed by Andrea R. Morganstein, MS, LPC

 Date