Child Development History Record

Adolescent's Name: _____ Birthdate: _____ Age: _____

Person(s) completing this form: _____ Today's date: _____

Mother's name:_____

Address: _____

Contact number: _____

Father's name:_____

Address: _____

Contact number: _____

Parents are currently (circle): Married Divorced Remarried Never married Other

Child's custodian/guardian is: _____

Stepparent's name(s): _____

_____

DEVELOPMENT
Please fill in any information you have on the areas listed below:
Pregnancy and delivery
Prenatal medical illnesses and health care:_____

_____

Was the child premature? _____ Weight & height at birth: _____

Any birth complications or problems? _____

_____

First few months of life:
Sleep patterns or problems:_____

_____

Personality:_____

_____

Currently:
Primary Language: _____ Secondary Language: _____

Brothers/Sisters
Please list all brothers and sisters, and any other children living with the family

AGE	SEX	RELATIONSHIP TO THIS CHILD	LIVING AT HOME?

Health:
List all childhood illnesses, hospitalizations, medications, allergies, head trauma, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

Education:
Current grade: _____

Has the child repeated any grades? (which ones) _____

Has the child jumped any grades? (which ones) _____

Has the child been previously tested for Special Education or Giftedness?

Dislikes going to school? YES NO

Absent from school frequently? YES NO

Identify any difficulties you believe the child has in school:

Special skills or talents of child:
Please list hobbies, sports, recreational, TV and toy preferences etc.:

Is there anything else I should know that doesn't appear on this form, but that is or might be important? (use additional paper if necessary

Behavior/Temperament
Please indicate (circle) whether this child exhibits (or has regularly exhibited) any of the following behaviors:

Is Easily Overstimulated in play	YES	NO	Hides feelings	YES	NO
Seems Overly Energetic in Play	YES	NO	Withholds affection	YES	NO
Has a Short Attention Span	YES	NO	Seems Impulsive	YES	NO
Lacks Self Control	YES	NO	Has Fears	YES	NO
Overreacts When Faced with a Problem	YES	NO	Lacks Self Control	YES	NO
Seems Unhappy Most of the Time	YES	NO	Cannot Calm Down	YES	NO
Requires a lot of Parental Attention		YES	NO		
Seems Uncomfortable Meeting New People		YES	NO		