

## DEVELOPMENTAL AND SOCIAL HISTORY QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Other Children in Family:                      Age:                      Social/Academic Adjustment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Education: \_\_\_\_\_ Education: \_\_\_\_\_

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

Medical Problems: \_\_\_\_\_ Medical Problems: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Are parents still married? \_\_\_ Yes \_\_\_ No If No, date of divorce: \_\_\_\_\_

Others living in the home:

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

If your child is adopted, indicate age at time of adoption and country of birth: \_\_\_\_\_  
\_\_\_\_\_

### PREGNANCY AND DELIVERY

Problems during pregnancy? \_\_\_\_\_

Problems during delivery? \_\_\_\_\_

### INFANCY

Any illness during newborn period? \_\_\_\_\_

Were there: \_\_\_\_\_ Feeding problems \_\_\_\_\_ Excessive vomiting \_\_\_\_\_ Crying

\_\_\_\_\_ Colic \_\_\_\_\_ Diarrhea

Other complications during first year? \_\_\_\_\_

DEVELOPMENTAL MILESTONES

Approximate age at which

Child walked alone \_\_\_\_\_ Spoke in simple sentences \_\_\_\_\_

Toilet Trained: Bladder \_\_\_\_\_ Bowel \_\_\_\_\_

Does child have bladder control? \_\_\_\_\_ Bowel control? \_\_\_\_\_ Accidents during the day \_\_\_\_\_? If so, how often? \_\_\_\_\_

MEDICAL HISTORY

Any illness other than normal childhood diseases? \_\_\_\_\_

\_\_\_\_\_ allergies \_\_\_\_\_ chronic ear infections \_\_\_\_\_ frequent colds  
\_\_\_\_\_ head injuries \_\_\_\_\_ Convulsions/seizures \_\_\_\_\_ eye problems

Operations/hospitalizations \_\_\_\_\_

If child is on medications, indicate reason, type and dosage \_\_\_\_\_

HABITS (If child exhibits any of the following, please check and describe briefly.)

- \_\_\_\_\_ Temper tantrums
- \_\_\_\_\_ Low frustration tolerance
- \_\_\_\_\_ Problems when parents leave
- \_\_\_\_\_ Fears
- \_\_\_\_\_ Clumsiness
- \_\_\_\_\_ Poor self-esteem
- \_\_\_\_\_ Sleep problems, nightmares
- \_\_\_\_\_ Destructiveness
- \_\_\_\_\_ Frequent mood changes
- \_\_\_\_\_ Slurred speech
- \_\_\_\_\_ Alcohol/substance abuse
- \_\_\_\_\_ More active than siblings
- \_\_\_\_\_ Interrupts frequently
- \_\_\_\_\_ Excessive number of accidents
- \_\_\_\_\_ Poor handwriting
- \_\_\_\_\_ Poor memory
- \_\_\_\_\_ Short attention span
- \_\_\_\_\_ Stealing, lying
- \_\_\_\_\_ Fighting
- \_\_\_\_\_ Irritability
- \_\_\_\_\_ Facial or other tics

Describe any checked above: \_\_\_\_\_

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

SCHOOL HISTORY Rate your child's school experience related to ACADEMIC LEARNING:

Nursery School \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Elementary School \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Middle School \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Current Grade \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

To the best of your knowledge, at what grade level is your child functioning?

\_\_\_\_\_ Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Math

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

Present class placement: \_\_\_\_\_ Regular class \_\_\_\_\_ Special class or resources If so, specify:

Rate your child's school experience related to BEHAVIOR:

Nursery School	_____ Good	_____ Average	_____ Poor
Elementary School	_____ Good	_____ Average	_____ Poor
Middle School	_____ Good	_____ Average	_____ Poor
Current Grade	_____ Good	_____ Average	_____ Poor

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

- \_\_\_\_\_ Doesn't sit still in his/her seat.
- \_\_\_\_\_ Frequently gets up and walks around the classroom.
- \_\_\_\_\_ Shouts out; doesn't wait to be called upon.
- \_\_\_\_\_ Does not cooperate in group activities.
- \_\_\_\_\_ Typically does better in a one-to-one relationship.

Describe briefly any other classroom behavioral problems:

\_\_\_\_\_

\_\_\_\_\_

#### CHILD CARE

Who cares for this child when the parents are gone? \_\_\_\_\_

How many hours per day is this child in a child-care setting? \_\_\_\_\_

Before school care? \_\_\_ Yes \_\_\_ No      After School care? \_\_\_ Yes \_\_\_ No

#### FAMILY

How does your child get along with each parent? \_\_\_\_\_

\_\_\_\_\_

Is this child closer to one parent than the other? \_\_\_\_\_

\_\_\_\_\_

Has this child ever experienced any parental separations, divorces, or death?

\_\_\_ Yes \_\_\_ No    If yes, when? \_\_\_\_\_    How old was child at the time? \_\_\_\_\_

Please describe the circumstances. \_\_\_\_\_

\_\_\_\_\_

If parents are divorced or separated, what is the custody arrangement? \_\_\_\_\_

\_\_\_\_\_

How often does the child see each parent and what is the schedule? \_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR SEPARATION/DIVORCE DOCUMENTS PERTAINING TO CUSTODY.**

**FRIENDS**

Does your child seek friendships with peers? \_\_\_\_\_

Is your child sought by others for friendship? \_\_\_\_\_

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

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

What role does your child usually take in peer group games or activities (for example, bossy, leader, aggressive, passive, etc.)?

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

**FAMILY HISTORY**

Describe any psychiatric problems, drug abuse, or alcoholism in immediate family and extended family. \_\_\_\_\_

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

Have either parent or any of the blood relatives had a problem similar to the child's? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

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

**MAJOR AREAS OF CONCERN**

What is child's problem and when did it begin? \_\_\_\_\_

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

How have you tried to resolve the problem? What have you found to be effective? \_\_\_\_\_

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

Has your child been treated for this problem before? \_\_\_\_\_

By whom? \_\_\_\_\_ Results \_\_\_\_\_

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

Has child had any psychological testing in the school or privately conducted? \_\_\_\_\_

Findings? \_\_\_\_\_

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

**INTEREST AND ACCOMPLISHMENTS**

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

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

What are your child's strengths and areas of greatest accomplishments? \_\_\_\_\_

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

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

**ADDITIONAL REMARKS: Please use the remainder of this page as well as the back to write any additional comments you wish to make regarding your child's difficulties.**