



Developmental History Form

E-Mail Address _____ Date Completed _____
Child's Name _____ Age _____ Date of Birth _____
Address _____ Phone _____
School _____ Grade _____ Teacher _____

Family

Parent _____ Age _____ Marital Status _____

Education _____ Occupation _____

Place of Employment _____ Phone _____ Cell Phone _____

Parent _____ Age _____ Marital Status _____

Education _____ Occupation _____

Place of Employment _____ Phone _____ Cell Phone _____

Stepparent _____ Age _____ Marital Status _____

Relationship to child _____

Education _____ Occupation _____

Place of Employment _____ Phone _____ Cell Phone _____

Stepparent _____ Age _____ Marital Status _____

Relationship to child _____

Education _____ Occupation _____

Place of Employment _____ Phone _____ Cell Phone _____

Siblings

Name	Age	Relationship	Grade	School/Employment
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Family Members and Others in Home

Name	Relation to Child
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Reason for Coming to Learning Consultants

List the names of other professionals with whom you have consulted in the past or are currently seeing. List names, dates of last visit and purpose of consultation and any diagnoses. Bring copies of reports with you.

Within the family or home, what have you done in the past about this area of concern or problem:

What are your expectations of this consultation:



Pregnancy and Birth History

Adopted? Yes _____ No _____

If yes, please provide any info known about biological parents, and age when child was adopted.

City of Birth _____ Planned Pregnancy _____

Mother's Health _____

Any Medications taken? _____

Labor and Delivery Specifics _____

Birth Weight _____ Full Term _____

Infant's health after delivery _____

Has mother had any miscarriages or stillbirths?

When _____ Causes _____

Early Childhood

Breast fed? _____ Bottle Fed? _____ When weaned? _____

Cuddly or stiff baby? _____

Colic? _____ Rashes? _____

Degree of baby's activity (active, restless, quiet, etc.)

Anxiety with strangers?



Early Childhood Continued

Unusual circumstances that may have caused a strain (illness, disagreements, separations, relocations, etc.)

During subsequent years:

For Mother:

For Father:

Did anyone supplement parents' care during child's first year:

Describe in detail subsequent child care arrangements:



Early Development

Age when crawled? _____ Sat? _____ Walked? _____
First Tooth? _____ Said Words? _____ Sentences? _____
Dominant Hand? _____ When established? _____ Any attempt to change? _____

Child reactions to:

Separations:

Frustrations and Disappointments?

Discipline: Who Administers? _____ Methods? _____

Darkness and bedtime:

Sharing:

Changes in routines and/or transitions:



Health History

Physical Description:

Height _____ Weight _____ Hair Color _____ Eye Color _____

Physician or pediatrician: _____ Phone: _____

List Illnesses other than normal childhood illnesses (include age of occurrence)

Allergies (include food and medication allergies; any food restrictions)

Any Hospitalizations:

Current medications taken (include dosage)

Side Effects:

Social-Behavioral Preferences

Child's preferred play partners: Age and Gender (younger, older, same age, alone, adults)

Favorite play activities:



Social-Behavioral Preferences Continued

Regular home chores:

Extra-Curricular activities: (List both individual and group.)

Status of sibling relationships:

Habits

Sleep behavior and/or patterns:

Describe diet and eating habits:

Is there a pronounced sensitivity to the touch and feel of clothing:



Habits Continued

Nervous habits:

Nail biting? _____

Thumb sucking? _____

Security blanket? _____

Other? _____

School Information

Schools attended: (Begin with nursery school.)

School	Years Attended	Grades Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe current school status:



School Information Continued

Attitudes:

Grades:

Behavior:

Degree of class participation:

Status of school friendships:

Homework:

Family History

Physical illness:

Emotional disturbances:

Learning problems:

Marital problems:



List 3 characteristics that you find admirable in your child and would not like to change:

- 1) _____

- 2) _____

- 3) _____

List other strengths and skills your child has:

List 3 characteristics in your child's behavior that you would like to change:

- 1) _____

- 2) _____

- 3) _____

Signature(s) of Informant(s)

Date