

Developmental History

Child's Name:

DOB:

Age:

Address:

Telephone Number:

Cell Phone:

Email:

School/Grade/Program:

School Phone Number:

Teacher's Name:

Child's Dominant/Primary Language:

Second Language (if applicable):

Person who has referred the child for assessment:

Person who has referred you to The Successful Child:

Reason for Evaluation (please be specific):

Father Name:

Mother Name:

Occupation:

Occupation:

Education:

Education:

Age:

Age:

Current Household Composition (including adults and siblings with ages):

Parent/Family, not living with the child:

Visitation/Court Matters:

Health issues of child/family (Include child's current medication):

Birth history: Child is #1_____ #2_____ #3_____ #4_____ pregnancy

Vaginal or C-section Delivery:

Mother's condition during pregnancy: Complications?

Length of Hospital Stay-

Breast Fed _____ until age _____

Bottle Fed _____ until age _____

Developmental Milestones (Please indicate age at which your child mastered the following):

Crawled _____ Walked _____

Spoke words _____ Toilet Trained- _____

Developmental history/Description of child as an infant: (colic, allergies, playful)

History of abuse:

Illnesses to date:

Hospitalizations/ emergency room visits/surgeries:

Seizures/Convulsions:

Injuries/Accidents:

High Fevers:

Does the child have hearing loss/problems or a history of significant ear infections?

Ear tubes?

Date of most recent hearing exam:

Allergies/chronic conditions:

Vision problems:

Wears glasses/contacts?

Date of most recent vision exam:

Past and current Medications:

History of Family member's disabilities; learning difficulties, significant school history?

Child's significant Past School History (preschool, adjustment difficulties, retentions, behavioral, attentional, emotional concerns):

Performance in school:

Does he or she complete their work?

Significant losses:

Traumatic Events:

Major Life changes:

Services/Therapists involved with child (past or present):

Child's interests (i.e. "baseball"):

Ability to express feelings/emotions:

Child's self-esteem:

Describe your child's general mood:

Describe your child's activity level (i.e. "high", "moderate", "low"):

Describe child's strengths:

Quality of Friendships:

Is your child an independent thinker or a follower?

Has your child been previously evaluated? If so, please state dates, specific test (i.e., WISC-IV) and results.

Thank you for your feedback regarding your child. The Successful Child is looking forward to collaborating with you and your family.

NOTE: Please refrain from signing until initial intake appointment with The Successful Child.

Print Name

Relationship to Child

Signature

Date