



## **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**