

Developmental and Social History Questionnaire

Date: / /

Family Name: _____ Child of Most Concern (MC): _____ Age: _____ Date of Birth: / /

Early History

- A. Conception: Was it a conscious decision? Yes No
- B. Pregnancy: Were there and problems with the health of the mother? Yes No
- C. Delivery: Apgar score of health of baby (1–10): _____
- D. Infancy (Please comment on the following issues.)
- | | |
|------------------------|--|
| 1. Baby at birth? | 2. First 3 months? |
| 3. Feeding problems? | 4. Nursed? Age weaned? Process of weaning? |
| 5. Excessive vomiting? | 6. Excessive crying? |
| 7. Colic? Describe. | 8. Other problems or illness of baby during first year? Second year? |
- E. Any physical problems of parents in child's first year? Second year?
- F. Post partum depression?
- G. Has the child, a sibling, or a parent had a serious illness, surgery, or hospitalization since child's birth?
Date: / / Details: _____



Developmental Milestones

Please write the ages at which the following milestones were reached.

- A. Crawled: _____ B. Walked alone: _____
- C. Knew ten words: _____ D. Talked in sentences: _____
- E. Completed toilet training: _____
- F. Is there any history of problems concerning toilet training? Yes No

- G. Temper tantrums: At what age(s)? _____ How frequent? _____
How intense? _____ How were they handled by parents/adults?

Medical History

A. Please check the appropriate boxes to indicate the child's medical history at any age.

- | | |
|---|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Chronic Ear Infection |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Other: _____ | |

Comments: _____

B. Is the child taking medication now? Yes No If so, what medication? _____

C. Trauma: Has the child experienced any kind of trauma (deaths of relatives, friends, pets; medical interventions; Physical, emotional, or sexual abuse; etc.)?

Older Children and Adolescents

SUPPLEMENT TO DEVELOPMENTAL AND SOCIAL HISTORY QUESTIONNAIRE

Date: / /

Family Name: _____ Child of Most Concern (MC): _____ Age: _____ Date of Birth: / /

Middle School (4-6)

1. Name of school:
2. Describe setting:
3. How did the child do...
 - academically?
 - socially/behaviorally?
 - emotionally?

Junior High (7-8)

1. Name of school:
2. Describe setting:
3. How did the child do...
 - academically?
 - socially/behaviorally?
 - emotionally?

High School (9-12)

1. Name of school:
2. Describe setting:
3. How did the child do...
 - academically?
 - socially/behaviorally?
 - emotionally?

Does the student have a job?

What are the students hobbies or interests?

Adoption

SUPPLEMENT TO DEVELOPMENTAL AND SOCIAL HISTORY QUESTIONNAIRE

Date: / /

Family Name: _____ Child of Most Concern (MC): _____ Age: _____ Date of Birth: / /

Adoption Information

1. Was the adoption open or closed?
2. What was the age of the child at adoption?
3. Was the child from outside the United States?
4. What information is known about the birth mother?
5. What information is known about the birth father?
6. What information is known about environments and extended families of the birth parents?
7. Additional Information: Include, if available, ages, medical information, reasons for adoption, life circumstances of the child prior to adoption (e.g., Was the child in foster care or an orphanage? What is known about this time?).
8. How did the child do with attachment to adoptive parents, siblings, and other family members and friends?

Open Adoption

1. How was the relationship with the birth parent(s) prior to having the baby join your family?
2. How much time did the baby spend with the birth parent(s)? How was the quality of this time?
3. Did anyone else take care of the baby?
4. What is the present agreement for communication with the birth family?

Artificial Insemination Information

Foster Care

Date: / /

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Family Name: _____ Child of Most Concern (MC): _____ Age: _____ Date of Birth: / /

Foster Care Information

1. Date child joined your family: / /
2. What were the circumstances of the child's life just prior to coming to your home?
3. How was the transition? What has happened with attachment and bonding issues?
4. What strengths do you see in the child?
5. What problems do you see in the child?
6. Do you actively seek to engage the child in his or her cultural or ethnic background?
7. What information is known about the child's history in the birth family (e.g., mother, father, siblings, environment)?
8. What were the circumstances of the child's leaving the birth family?
9. How does the child relate to his or her parents at the present time? What has the child been told about the birth parents? Does the child discuss or fantasize about them? Who is the internal parent?

History of Foster Care Placement

1. Family name and information:
2. Circumstances entering this family:
3. Circumstances leaving this family:
4. Strengths of this family:
5. Problems in this family:
6. What do you know about attachment and bonding issues with this family?

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