



- 22) List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past:  
 \_\_\_\_\_  
 \_\_\_\_\_
- 23) On average how many hours of sleep does the child receive daily?: \_\_\_\_\_
- 24) Does the child have trouble falling asleep at night?  Yes  No  
 If Yes, how long has this been a problem? \_\_\_\_\_
- 25) Describe the child's appetite (during the past week):  
 poor appetite  average appetite  large appetite
- 26) What medications (and dosages) are being taken at present, and for what purpose?: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family History**

- 27) Mother's age: \_\_\_\_\_ If deceased, how old was the child when she passed away?: \_\_\_\_\_
- 28) Father's age: \_\_\_\_\_ If deceased, how old was the child when he passed away?: \_\_\_\_\_
- 29) If parents are separated or divorced, how old was the child then?: \_\_\_\_\_
- 30) Number of brother(s) \_\_\_\_\_ Their ages \_\_\_\_\_
- 31) Number of sister(s) \_\_\_\_\_ Their ages \_\_\_\_\_
- 32) Child number \_\_\_\_\_ being in a family of \_\_\_\_\_ children.
- 33) Is the child adopted or raised with parents other than biological parents?:  Yes  No
- 34) Briefly describe the child's relationship with brothers and/or sisters:  
 Biological siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Step and/or half siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 35) What is the family relationship between the child and his/her custodial parents?  
 Check all that apply:  
 Single parent mother       Single parent father       Parents unmarried  
 Parents married, together       Parents divorced       Parents separated  
 With mother and stepfather       With father and stepmother  
 Child adopted       Other, describe \_\_\_\_\_
- 36) Is there a history or recent occurrence(s) of child abuse to this child?  Yes  No  
 If Yes, which type(s) of abuse?  Verbal  Physical  Sexual  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

37) Parents' occupations: Mother \_\_\_\_\_ Father \_\_\_\_\_

38) Briefly describe the style of parenting used in the household: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Developmental History**

39) Briefly describe any problems in the child's mother's pregnancy and/or childbirth:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40) Please fill in when the following developmental milestones took place:

<u>Behavior</u>	<u>Age began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:  
\_\_\_\_\_  
\_\_\_\_\_

42) Please rate your opinion of the child's development (compared to others the same age) in the following areas:

	Below Average	About Average	Above Average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as *below* average, please describe current areas of concern. Be specific.

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

43) List the child's three greatest strengths:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

44) List the child's three greatest weaknesses or needed areas of improvement:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

45) List the child's main difficulties at school:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

46) List the child's main difficulties at home:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

47) Briefly describe the child's friendships: \_\_\_\_\_

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

48) What report card grades does the child usually receive?: \_\_\_\_\_

Have these changed lately?:  Yes  No If Yes, how?: \_\_\_\_\_

49) Briefly describe the child's hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

50) Describe how the child is disciplined: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

51) For what reasons is the child disciplined? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Behaviors of Concern**

52) Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- |                                      |           |            |               |                |
|--------------------------------------|-----------|------------|---------------|----------------|
| 1) Loses temper easily               | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 2) Argues with adults                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 3) Refuses adults' requests          | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 4) Deliberately annoys people        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 5) Blames others for own mistakes    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 6) Easily annoyed by others          | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 7) Angry/resentful                   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 8) Spiteful/vindictive               | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 9) Defiant                           | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 10) Bullies/teases others            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 11) Initiates fights                 | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 12) Uses a weapon                    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 13) Physically cruel to people       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 14) Physically cruel to animals      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 15) Stealing                         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 16) Act out sexually                 | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 17) Intentional arson                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 18) Burglary                         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 19) "Cons" other people              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 20) Runs away from home              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 21) Truant at school                 | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 22) Doesn't pay attention to details | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 23) Several careless mistakes        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 24) Does not listen when spoken to   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 25) Doesn't finish chores/homework   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 26) Difficulty organizing tasks      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 27) Loses things                     | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 28) Easily distracted                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 29) Forgetful in daily activities    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 30) Fidgety/squirmy                  | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 31) Difficulty remaining seated      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 32) Runs/climbs around excessively   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 33) Difficulty playing quietly       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 34) Hyperactive                      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 35) Difficulty awaiting turn         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 36) Interrupts others                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 37) Problems pronouncing words       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 38) Poor grades in school            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 39) Expelled from school             | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 40) Drug abuse                       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 41) Alcohol consumption              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 42) Depression                       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 43) Shy/avoidant/withdrawn           | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 44) Suicidal threats/attempts        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 45) Fatigued                         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 46) Anxious/nervous                  | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 47) Excessive worrying               | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 48) Sleep disturbance                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 49) Panic attacks                    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 50) Mood shifts                      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |

