



140 S Beach Street Suite 310, Daytona Beach FL 32114
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Patient Information

Last Name _____ First Name _____

Date of Birth _____ Age _____ Developmental Age _____

Name of Caregiver _____ Phone Number _____ Email _____

Home Address _____

Who has legal custody of child: mother ☐ father ☐ grandparent(s) ☐ DCF ☐ Other ☐

If other specify _____

II PRESENTING CONCERNS

PRESENTING CONCERNS: Please check the reasons that you are seeking an evaluation of your child at the HHT at this time. Indicate the level of your concern by circling the number next to it that best fits:

✓	Presenting Concerns	Mildly Concerned 1	Somewhat Concerned 2	Very Concerned 3	Extremely Concerned 4
	Learning problems with reading, writing, spelling and/or math.				
	Do not agree with the school over whether my child needs services, and/or what type of services are needed.				
	Problems paying attention, staying focused, remembering, or finishing tasks				
	Problems sitting still, being too active, talking too much, or acting without thinking.				
	Behavioral problems (does not follow rules, acts defiant, aggressive or has melt downs).				
	Emotional problems (is often unhappy, depressed, nervous, worried, irritable, or angry).				
	Problems making or keeping friends.				
	Difficulty with speaking or communicating, or with understanding the speech and communication of others				
	Odd behaviors, body movements, and/or focusing on only certain topics or interests.				



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	Daily living skills (dressing, eating, toileting, etc.)				
	Mental abilities (thinking, understanding and/or solving problems) seem low for their age.				
	Unusual sensitivity to noises, sensations, tastes, and/or smells that interferes with daily living.				

III. CURRENT FUNCTIONING

III. CURRENT FUNCTIONING Please tell us more about your child's abilities in the following areas the night?)

Sleeping skills (Does your child go to sleep on his/her own at bedtime? Does s/he stay asleep through _____)

Executive skills (Can your child finish tasks such as homework or chores independently? Does s/he follow directions?) _____

Managing Emotions (How does your child deal with normal emotions such as frustration, anxiety, or sadness? Does s/he get too emotional compared to other children?) _____

Nutrition (Does your child eat a variety of foods?) _____

Social skills (Does your child get along and start interactions with other children/adults?) _____

Play skills (How does your child play? Show imaginary or dramatic play? Play board/card games?) _____

Adaptive skills (How well can your child take care of him/herself for their age, i.e., dressing, toileting, personal hygiene)? _____

Reading skills (Can your child identify letters? Read familiar/new words? Read/understand sentences?) _____

Writing skills (Can your child write letters? Words? Sentences? A paragraph?) _____



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Math skills (Can your child identify numbers? Count? Add and/or subtract? Multiple and/or divide?) _____

Receptive language (Does your child understand single words, sentences, or stories?) _____

Expressive language (Does your child usually speak in single words or full sentences? Can s/he tell a story?) _____

Gross motor skills (How well can your child sit, stand, walk, and run? Is s/he clumsy?) _____

Fine motor skills (Does your child have difficulty with buttons? Zippers? Writing? Tying shoes?) _____

VI. DEVELOPMENTAL HISTORY

At what age did you become concerned with your child's development? _____ Why? _____

Has your child ever lost skills? — yes — no If yes, when and what skills: _____

Please give us information on the following milestones

When did your child begin to:	Age	Not yet	When did your child begin to:	Age	Not yet
Sit independently			Stay dry during the day (toileting)		
Crawl independently			Stay dry at night (toileting)		
Walk independently			Dress/undress self		
Wave "bye bye"			Feed self		
Point/show objects to others			Write name, letters, colors		
Pretend/imaginary play			Show interest in counting		
Speak in two-word sentences			Throw/ catch a ball		
Be understood by strangers			Read simple words		



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VII. SOCIAL, EMOTIONAL & BEHAVIORAL HISTORY

Please describe your child's personality and mood in general: _____

Please indicate if any of the following is TRUE of your child

	Does not make good eye contact when talking to you		Prefers to be alone; ignores others
	Doesn't use gestures to communicate (i.e., pointing)		Difficulty relating to peers or making friends
	Echoes words or phrases		Has unusual play behaviors; little pretend play
	Speaks in an unusual tone or manner		Has unusual or very intense interests
	It is hard to get child's attention		Takes things literally; misses the point
	Seems preoccupied, aloof or distant		Handles change poorly; insists on sameness
	Has repetitive movements (examples: flaps hands, twists fingers, paces back and forth)		
	Doesn't try to use words to communicate		

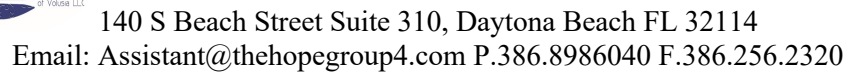
Please indicate how often your child exhibits the following:				
1. Makes many careless errors and doesn't pay attention to details				
2. Has difficulty concentrating on difficult tasks				
3. Does not seem to listen when spoken to directly				
4. Doesn't finish tasks (such as schoolwork); shifts from one activity to another				
5. Has difficulty organizing tasks, belongings or activities				
6. Avoids and dislikes tasks that require concentration or effort				
7. Loses or misplaces things				
8. Is easily distracted by noises or other things				
9. Is forgetful in daily activities				
10. Fidgets with hands; squirms in seat				
11. Has difficulty remaining seated when asked				
12. Runs or climbs when told not to				
13. Has difficulty playing quietly				
14. Is "on the go"; Acts like "driven by a motor"				
15. Talks too much				
16. Blurts out or answers questions before they have been completed, talks before thinking				
17. Has difficulty awaiting turn				
18. Interrupts (butts into conversations or games)				



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19. Lose his/her temper				
20. Argues with adults				
21. Defies or refuses to do as asked				
22. Deliberately annoys others				
23. Blames others for own misbehavior or mistakes				
24. Is touchy or easily annoyed by others				
25. Is angry or resentful				
26. Tries to get even or takes out anger on others				
27. Is aggressive to people and/or animals (e.g., bullies/threatens others; starts fights; has used a weapon; physically cruel to people/animals; has robbed/mugged someone; forced someone into sex)				
28. Has deliberately destroyed property of others				
29. Does serious lying, cheating, and/or stealing things of value				
30. Stays out all night without permission, runs away or skips school				
31. Loss of interest or pleasure in everyday activities				
32. Changes in appetite or weight				
33. Difficulty with sleep (e.g., staying asleep, falling back asleep, sleeps too much)				
34. Feels useless or not as good as others (e.g., low self-esteem, blames self for problems)				
35. Is sad, unhappy, or irritable (e.g., over-reacts, is easily upset, cries a lot)				
36. Low energy, tired, or fatigued				
37. Difficulty thinking, concentrating, or making decisions				
38. Is fearful, anxious, or worried				
39. Is restless or on edge				
40. Complains about body aches/muscle tension				
41. Can't stop worrying (germs, doing things perfectly, family in danger)				
42. Is afraid to try new things for fear of making mistakes or being embarrassed				
43. Has violent outbursts or tantrums including crying or clinging to others				
44. Worries about leaving home or being away from parents				

Additional Information you would like to share with us:



Dear Parent, thank you for completing this questionnaire. We would like to recommend that you:

- We look forward to working with you and your child