

Ponderosa Counseling
Child & Adolescent Information

Name: _____

Date: _____

Describe your child, include concerns and strengths: _____

Current living situation: _____

How long have parents been: Married _____ Separated _____ Divorced _____

If parents are separated or divorced, describe custody (physical and legal): _____

Recent family stressors: _____

DEVELOPMENTAL HISTORY

Yes	No	Please Check Yes or No for Each Item Listed	If Yes, Furnish Details
		1. Did mother of child smoke during pregnancy?	
		2. Did mother consume alcohol during pregnancy?	
		3. Did mother take drugs during pregnancy?	
		4. Complications during pregnancy?	
		5. Complications during delivery, at birth?	

Describe pregnancy, labor, delivery:

Birth Weight:

Baby's Temperament:

Eating Patterns:

Sleeping Patterns:

Motor development (sitting, crawling, walking)	Average	Early	Late	Describe:
Speech and language	Average	Early	Late	Describe:
Bowel training	Average	Early	Late	Describe:
Bladder training	Average	Early	Late	Describe:

EDUCATIONAL HISTORY

Yes	No	<i>Please Check Yes or No for Each Item Listed</i>	<i>Furnish Details</i>
		1. Does your child enjoy school?	
		2. Has there been a recent change in academic performance?	
		3. Problems with academic performance?	
		4. Problems in attendance?	
		5. Are there any known learning disabilities?	
		6. Does your child have Individual Education Plan or 504 Plan?	
		7. Has your child ever had formal educational testing?	
		8. Has been suspended from school?	
		9. Is your child involved in extracurricular activities?	
Other school strengths or concerns:			

PEER RELATIONSHIPS/SOCIAL HISTORY

Yes	No	<i>Please Check Yes or No for Each Item Listed</i>	<i>Furnish Details</i>
		1. Does your child seek friendships with peers his/her own age?	
		2. Plays well with peers?	
		3. Has had trouble making or keeping friends?	
		4. Has been teased by other kids?	
		5. Has been aggressive towards other kids?	
		6. Involved in risk taking behaviors?	
		7. Has played with matches, lighters? Set fires?	
		8. Has received a ticket, been arrested, legal problems?	
		9. Has a driver's license/is driving?	
		10. Has a job/is employed?	
Describe strengths and concerns with relationships and functioning in your community:			