

**CHILD INFORMATION FORM**

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Dates and locations of residences other than present \_\_\_\_\_

Primary Language \_\_\_\_\_ Other Languages \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ School Phone # \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

If parents live apart, other parent's Home Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FAMILY INFORMATION**

**Mother's** Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business Phone # \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

e-mail address: \_\_\_\_\_ Age at time of marriage \_\_\_\_\_

Age at time of Divorce (if applicable) \_\_\_\_\_ Age at time of remarriage (if applicable) \_\_\_\_\_

**Father's** Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business Phone # \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

e-mail address: \_\_\_\_\_ Age at time of marriage \_\_\_\_\_

Age at time of Divorce (if applicable) \_\_\_\_\_ Age at time of remarriage (if applicable) \_\_\_\_\_

Names of Siblings	Gender	Age	School

Names of Other People in the Home	Gender	Age	Relation

**HEALTH INFORMATION**

What is your child's present health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_

*Please indicate if your child has suffered from any of the following:*

\_\_\_ Head Injury - If so, was there any loss of consciousness? No \_\_\_ Yes \_\_\_

\_\_\_ Seizures \_\_\_ Chronic Ear Infections \_\_\_ Asthma \_\_\_ Diabetes

\_\_\_ History of acute or chronic illness of any kind (describe)? \_\_\_\_\_

\_\_\_ Surgery – If so, what kind and when? \_\_\_\_\_

Currently taking medication? No \_\_\_ Yes \_\_\_

If so, please list names and dosages \_\_\_\_\_

Name of physician(s) prescribing the medication \_\_\_\_\_

Screening for Hearing? \_\_\_\_\_ Vision Screening? \_\_\_\_\_

Ever received speech and language therapy, occupational therapy, and/or physical therapy?

(If so, please specify dates, reason for therapy, and therapist) \_\_\_\_\_

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## DEVELOPMENTAL HISTORY

Weight at birth \_\_\_\_\_ Months Carried \_\_\_\_\_ Type of Delivery \_\_\_\_\_

Describe any complications during pregnancy or birth \_\_\_\_\_

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Describe your child's health during and after delivery \_\_\_\_\_

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*Please give approximate ages for the following:*

Sat up \_\_\_\_\_ Walked \_\_\_\_\_ Toilet Trained \_\_\_\_\_ First word \_\_\_\_\_

Spoke in sentences \_\_\_\_\_

Check the items that apply to your child's behavior when s/he was an infant:

<input type="checkbox"/> Frequently smiled	<input type="checkbox"/> Easy to soothe	<input type="checkbox"/> Frequently cried
<input type="checkbox"/> Difficult to soothe	<input type="checkbox"/> Cried when wet	<input type="checkbox"/> Enjoyed being held
<input type="checkbox"/> Enjoyed being rocked	<input type="checkbox"/> Difficulty with novelty	<input type="checkbox"/> Adapted easily to new situations

As a toddler, was (is) your child:

<input type="checkbox"/> Independent	<input type="checkbox"/> Talkative	<input type="checkbox"/> Angry
<input type="checkbox"/> Fearless	<input type="checkbox"/> Overactive	<input type="checkbox"/> Daring
<input type="checkbox"/> Curious	<input type="checkbox"/> Compliant	<input type="checkbox"/> Quiet
<input type="checkbox"/> Distractible	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Friendly	<input type="checkbox"/> Adaptable
<input type="checkbox"/> Easy to discipline		

*Please mark any areas that constitute a problem for your child:*

Eating     Sleeping     Nightmares     Thumb sucking     Nail biting

Getting along with friends     Self-help skills (dressing, bathing, etc.)

Unusual fears (describe) \_\_\_\_\_

**SCHOOL AND EDUCATIONAL HISTORY**

Age began daycare, nursery, or preschool \_\_\_\_\_ Age started Kindergarten \_\_\_\_\_

*List schools your child has attended (include cursory/daycare if applicable):*

Name	City	Grade(s)

Is your child in special classes? No \_\_\_\_ Yes \_\_\_\_ If yes, what kind? \_\_\_\_\_

Has your child ever repeated a grade/retained? No \_\_\_\_ Yes \_\_\_\_ Which grade? \_\_\_\_

Is there any family member who presently or in the past have (had) learning difficulties or was in special classes? No \_\_\_\_ Yes \_\_\_\_ If yes, who and what kind/type? \_\_\_\_\_

Is there any formal or suspected family history of attention difficulties? No \_\_\_\_ Yes \_\_\_\_

If yes, who and what kind/type? \_\_\_\_\_

What kind of grades does your child typically earn? \_\_\_\_\_

Describe any problems your child might be having in school and when you first noticed these problems? \_\_\_\_\_

Child's scores on most recent standardized test (e.g., FCAT, SAT) \_\_\_\_\_

In what school situations or subjects does your child perform best? Worst? \_\_\_\_\_

**SOCIAL AND EMOTIONAL INFORMATION**

List your child's major interest and hobbies \_\_\_\_\_

Is your child involved in extracurricular activities? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what kind? \_\_\_\_\_

When interacting with peers, your child can be described as:

Withdrawn       Disinterested       Assertive       Aggressive  
 Friendly       Thoughtful       Leader       Follower

How many friends does your child have? # Male \_\_\_\_\_ # Female \_\_\_\_\_

Do you feel your child is having difficulties in school? No \_\_\_ Yes \_\_\_

At home? No \_\_\_ Yes \_\_\_ If so, what do you consider the problem to be and when and how did it begin?

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

Has your child ever had counseling, psychotherapy, or a psychological or psychiatric evaluation? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, date(s)? \_\_\_\_\_

Agency or name of therapist \_\_\_\_\_

Do any family members have (or have had) a psychological disorder? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, who and what kind? \_\_\_\_\_

When your child misbehaves, how do you respond and how does your child react to this?

\_\_\_\_\_  
Please put any other comments that will help me understand your child better \_\_\_\_\_  
\_\_\_\_\_