

I. Developmental Factors:

1. Mother's health during pregnancy?

- Good
- Fair
- Poor

2. Age of mother when child was born? _____

3. Did the mother use any of the following substances or medications during pregnancy?

- Beer or wine
- Hard liquor
- Coffee or other caffeine drinks
- Cigarettes
- Valium
- Tranquilizers
- Anti-seizure medicine
- Antidepressants
- Sleeping pills
- Antibiotics

4. Medical complications during pregnancy?

5. Was infant born on schedule? _____

6. Duration of labor? _____

7. Any fetal distress? _____

8. Delivery?

- Normal
- Breech
- Caesarean
- Forceps
- Induced

9. Infant's birth weight? _____

10. Health complications following birth?

11. Were there any infancy feeding problems?

12. Was the infant colicky?

13. Were there early infancy sleep pattern difficulties?

14. Were there problems with the infant's responsiveness (alertness)?

15. Any infancy health problems?

16. Any congenital problems?

17. Was the infant easy or difficult to get into schedules?

18. Was infant sociable with people?

19. When wanting something, how insistent?

II. Temperament

20. Rate the activity level of your child:

- Very active
- Active
- Average
- Less active
- Inactive

21. Regularity of bodily functions: sleep, feeding, bowel movements?

22. Initial reaction to new situation/stimulation, people, objects (approach / withdrawal)?

23. Ability to adapt to change, flexibility (adaptability)?

24. Intensity of reaction?

III. Developmental Milestones:

25. Age:

Sat-up: _____

Crawl: _____

Walk: _____

Speak: _____

26. Age toilet trained?

Bladder: _____

Bowel: _____

27. Any concerns for motor coordination?

Gross motor:

Fine motor:

Speech articulation:

IV: Social Skills:

28. How does your child relate with peers?

29. How does your child relate with adults?

30. How does your child relate with family members?

31. How does your child perform the following social skills?

Making contact, connecting:

Joining / social entry:

Reading cues:

Conversation:

Sharing:

Manners:

Problem- Solving:

Anger/ Frustration control:

V: Medical History:

32. Child's overall health?

33. Hearing?

34. Vision?

35. Gross motor coordination?

36. Fine motor coordination?

37. Speech / Articulation?

38. Accidents, injuries?

39. Surgeries?

40. Hospitalizations?

41. Alcohol / Drug use?

42. History of physical or sexual abuse?

43. Sleep problems?

44. Bladder control?

45. Appetite problems?

VI: Treatment History

46. Past mental health evaluations / treatment?

47. Medications prescribed?

VII: School History

Behavior, Academics, Social, Emotional, Testing:

Kindergarten

1st through 3rd

4th through 6th

7th through 12th

48. Special Education?

49. Homework issues?

50. Class work issues?

51. Classroom modifications?

Preferred seating: _____

Modified work load: _____

Daily behavior card: _____

Modified grading: _____

Oral testing: _____

Other: _____

VII: Home Behavior

52. Behavioral Concerns:

53. Parent strategies to deal with behavior at home?

Verbal reprimands: _____

Time-out: _____

Spanking/Physical punishment: _____

Removal of privileges: _____

Rewards: _____

Giving-in: _____

Avoid/shun child: _____

54. What percentage of the time does the child comply?

55. Do parents agree on parenting strategies?