

Child History and Assessment Form

Child Name _____ DOB _____

Was this child a Full Term Delivery at Birth: Yes No

Was the Child birth: Vaginal C-Section

Birth Complications: Oxygen Incubator Premature Drug Addicted Heart Defect Other

Growth and Development of Child

Age of mother when child born _____
 Age child sat alone _____
 Age child first stood up along _____
 Age child first walked _____
 Age child said first words _____
 Age child used first sentences _____
 Age child was toilet trained _____

Family Health History

Person

Alcoholism _____
 Mental Retardation _____
 Birth Defects _____
 Speech Problems _____
 Hearing Problems _____
 Seizures _____
 Cancer _____
 Heart Disease _____
 Asthma _____

School Performance

Child is on IEP	YES	NO
Child's school performance is:	above average	average
	below average	very poor

Attitude toward school and school interactions

feels positive about going to school	True	False	NA
enjoys school	True	False	NA
dislikes school	True	False	NA
is fearful or negative about going to school	True	False	NA
enjoys reading	True	False	NA
dislikes reading	True	False	NA
avoids homework	True	False	NA
avoids discussing school	True	False	NA
does not engage in relationships with other children	True	False	NA
is hurt or injured while at school	True	False	NA
afraid of aggressive children at school	True	False	NA
bullies other children	True	False	NA
is placed in discipline room	True	False	NA
is suspended	True	False	NA
is honored or getting awards	True	False	NA

Playmates and Friends:

Engages in play with other children:	Yes	No
Age appropriate playmates:	Yes	No
Child has a best friend with whom they spend time daily.	Yes	No
Child has group of friends with whom they spend time or share activities at least weekly	Yes	No

Types of activities they engage in:

Favorite Pastimes, Hobbies, or Interests

Music	Sports
Dancing	Reading
Writing	Drawing
Animals	

How does the child use free time:

Alone
Watches Tv or plays video games
Plays with siblings or friends
Plays sports or engages in after school activities
Does homework
Takes care of chores
Plays with animals

Types of Discipline Used

Lectures and discussion	Naughty spot, step, chair, room
Time out and isolation	Loss of possessions
Denial of privileges	Shaming
Spanking	Chores
Other	Written work or apology

Child's reaction to Discipline

ignores discipline	Defiant
cries	Refuses to comply
talks back	Breaks or destroys objects in retaliation
accepts discipline	Outwardly agrees but never follows through
other	Doesn't seem to get it

Emotional Traumas

No History of Traumas

Divorce or separation	Death of pet
death of a loved one	Death of friend or neighbor
serious physical injury or pain	Hospitalization
serious illness	Attacked or injured at school or elsewhere
violence	Serious Accident
natural disaster	Significant frightening event
other	Media event that impacts them significantly

Please Explain or Describe the Trauma the Child Experienced:

Age:

Duration of Incident:

Impact during and after:

Was Medical Care Necessary:

What Calmed child:

What reminds child of trauma:

What is the child's view or attitude toward the Trauma:

What is the child's view or attitude toward the problem they are here for:

Family Setting Rating

My mom and dad are happy	True	False	NA
In my family we talk to each other	True	False	NA
In my family we respect each other	True	False	NA
I can trust my family	True	False	NA
We enjoy spending time together	True	False	NA
My family taught me clear cut values	True	False	NA
We have family activities together	True	False	NA
Family income recently reduced	True	False	NA
Parents in chronic pain	True	False	NA
Living in a disadvantaged environment	True	False	NA
Parents arguing, fighting or in discord	True	False	NA
Parents engaged in substance abuse	True	False	NA
Expectations are inconsistent for child	True	False	NA
Child affected by local or world events	True	False	NA
Child has a well balanced nutritious diet	True	False	NA
Child is in a new school	True	False	NA
Child watches television or plays video games for more than 2 hours daily	True	False	NA
The child is exposed to long periods of high decibel noise	True	False	NA
There is a general lack of organization and scheduling in the household	True	False	NA

Self Esteem Rating

Are you happy most of the time	True	False	NA
Do you have friends	True	False	NA
Do people like you	True	False	NA
Are you intelligent	True	False	NA
I don't like to play alone	True	False	NA
I do well at school	True	False	NA
I am as smart as most boys and girls	True	False	NA
I am nice looking	True	False	NA

Assertiveness Rating

I speak up when I am right	True	False	NA
I am not afraid to say what I feel	True	False	NA
I am not afraid to enter a room full of strangers	True	False	NA
I hit back when someone hits me	True	False	NA
I ask others to give back what they have taken from me	True	False	NA
I raise my hand in my classroom	True	False	NA
I can say no to my friends	True	False	NA
I don't mind being the center of attention	True	False	NA

Behavior Rating

Completes all tasks or chores	True	False	NA
Performs well in school	True	False	NA
Leaves home with permission	True	False	NA
Follows instructions completely	True	False	NA
Gets along well with other	True	False	NA
Respects private property	True	False	NA
Refrains from using violence	True	False	NA
Sexual behavior is appropriate	True	False	NA

Attention to Tasks

Fails to start tasks or chores when assigned	True	False	NA
Fails to finish tasks on allotted time frame	True	False	NA
Does not follow directions	True	False	NA
Makes comments irrelevant to conversation or lesson	True	False	NA
Shifts abruptly to other topics or loses train of thought	True	False	NA
Daydreams most of the time	True	False	NA
Is not able to handle changes in routine	True	False	NA
Is easily distracted	True	False	NA

Academic Rating

Has difficulties with reading	True	False	NA	
Has difficulties with math	True	False	NA	
Too many spelling mistakes	True	False	NA	
Needs a lot of help with school work		True	False	NA
Disorganized work habits	True	False	NA	
Is unable to communicate ideas clearly	True	False	NA	
Appears to be confused most of the time	True	False	NA	

Emotional Rating

Upset by failure can not accept losing	True	False	NA
Cries easily	True	False	NA
Suddenly becomes irritable or unhappy	True	False	NA
is very impulsive behavior difficult to control	True	False	NA
Has temper tantrums or emotional outbursts	True	False	NA
Insists that "I can't do it" before trying to do work	True	False	NA
Can become easily frustrated	True	False	NA
Uncooperative behavior	True	False	NA

Motor Behavior

Clumsy, bumps into things or persons	True	False	NA
Restless, squirms, rocks back and forth	True	False	NA
Slow to move and respond	True	False	NA
Awkward movements when playing games	True	False	NA
Speech distortions, mispronounced, garbled, stutters	True	False	NA
Writing appears like that of a younger child	True	False	NA
Does not like paper and pencil activities	True	False	NA
When writing child appears to be very tense	True	False	NA

Please write any other information that is important for me to know about your child: