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Developmental History for Children & Adolescents

CHILD'S NAME _____ BIRTHDATE _____

Person completing questionnaire: _____

FAMILY MEMBERS:

PEOPLE LIVING IN THE HOME:	Age	Relationship	Occupation & Highest Grade Completed

PEOPLE NOT LIVING IN THE HOME:

HAVE ANY FAMILY MEMBERS (PARENTS, SIBLINGS, OTHER RELATIVES) HAD:

- Yes No School or Learning Problems?
- Yes No Emotional/Behavioral Problems or Psychiatric Diagnosis?
- Yes No Drug or Alcohol Abuse?
- Yes No Physical or Sexual Abuse; ever any reason to worry about your child in this respect?

EARLY DEVELOPMENT

Was your child adopted? If so, please indicate age at adoption and any important circumstances regarding the adoption process.

Were there any unusual circumstances surrounding the pregnancy or birth of this child, such as difficulties or risk factors during pregnancy or problems during or after delivery?

What developmental growth milestones do you recall in the areas of physical, language, motor, social, and intellectual development? Please include areas that were advanced as well as areas of delayed growth.

What illnesses or injuries has your child had? Does he/she have chronic allergies? Please mention any vision, hearing, motor, or speech problems.

Is your child currently taking medication? If yes, please state the name of the medication, what it is for and the dose.

SOCIAL DEVELOPMENT

How does your child fit in with the family constellation, relate to siblings and parents, and affect other family members?

How does he/she get his/her needs met?

What type of discipline and motivational approaches are used most successfully? What responsibilities does he/she have at home?

BEHAVIOR/EMOTIONAL DEVELOPMENT

How would you describe your child’s self concept?

Describe the child’s disposition or temperament both as a young child and at the present time.

What are your child’s personal strengths and weaknesses, as you see them?

How does your child react to frustration, stress, and/or failure?

How does your child respond to success?

SCHOOL HISTORY

Name of School	Dates Attended	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In school or outside of school the child has:

- Started school early
- Started school late
- Repeated a grade
- Been tested individually
- Been suspended
- Seen a remedial teacher or tutor
- Seen a school counselor
- Seen a school psychologist
- Seen a speech therapist
- Gone to a special education class

Please describe the reason, dates, and results of any of the above that were checked:

Do school-related difficulties or patterns of grades change as the school year progresses?

The child's attitude toward school has been:

What is your child's preferred subjects or activities at school?

What subjects/activities does your child struggle with and/or dislike?

What comments can you offer about your child in the following areas?

Have you ever sought professional help for your child's difficulties?

If yes: from whom, for what reason & what was the outcome?

Does your child have any behaviors, habits, or traits, which are unusual or have concern to you?

What are your goals for the present assessment?

Specifically, what are the most important things that I can help you with?

How would you rank your child in the following areas:

	Outstanding	Above Average	Average	Below Average	Very Weak
Reading Skills					
Math Skills					
Spelling Skills					
Writing Skills					
Speech/Language Skills					
General Intelligence					
Memory					
Attention & Concentration					
Activity Level					
Behavior at School					
Emotional Maturity (for age)					
Motivation					
Adaptability to Change					
Anxiety or Fearfulness					
Sensitivity					
Sense of Responsibility					
Sense of Humor					
Self Confidence					
Creativity					
Persistence					

Thank you for taking the time to complete this questionnaire.

Please make any additional comments that you feel might be helpful to me for this evaluation below and continue on the back as needed.