



Background Information

Client Name _____

Birth Date _____ Age _____

Home Address _____

Home / Cell Phone: _____

Child's School _____ Grade _____

Child lives with: _____

Source of Referral _____

Briefly state main problem or questions for this assessment:

If Child, Parents Information:

Mother _____

Occupation _____

Age _____ Age at time of pregnancy _____

School: Highest Grade _____

Learning, attention or behavior problems (please explain)

Medical problems _____

Have your blood relatives experienced problems similar to those your child is experiencing? (explain):

Father _____

Occupation _____

Age _____ Age at time of pregnancy _____

School: Highest Grade _____

Learning, attention or behavior problems (please explain)

Medical problems _____

Have your blood relatives experienced problems similar to those your child is experiencing (explain): _____

Siblings (list)	Age	Medical, social, school problems
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Pregnancy with client:
Any complications (explain)

Smoking during pregnancy

Alcohol, drug or prescription medication consumption

Delivery (complications? anoxia, cord around neck, injury)

Infant weight _____

Post Delivery (jaundice, cyanosis, incubator care, infection, etc.)

Number of days in hospital after delivery _____

Check if present during Infancy-
Didn't enjoy cuddling
Not calmed by being stroked or held
Colic

Restlessness
Lack of sleep
Head Banging
Trouble nursing
Constantly into everything

Temperament

Activity level _____

Distractibility/
attention _____

Adaptability (dealing with transition and
change) _____

Response to new things (food, people)

Mood _____

Regularity of sleeping and eating _____

Medical History

Childhood diseases _____

Operations _____

Hospitalizations _____

Head Injuries _____

Seizures _____

Coma _____

High Fevers _____

Eye or Ear
Problems _____

Allergies/
Asthma _____

Sleep Problems (settling, staying asleep, snoring, walking/talking in sleep)

Appetite _____

Current Medications and dosages

Developmental Milestones (note whether it was E=early, L=late, or O=on time):

Smiled _____

Sat up _____

Crawled _____

Stood _____

Walked _____

Spoke first words _____

Spoke in phrases _____

Spoke in full sentences _____

Bladder/Bowel trained _____

Rode Tricycle _____

Rode Bicycle _____

Buttoned Clothing _____

Tied Shoes _____

Named Colors _____

Named Coins _____

Said alphabet in order _____

Began to Read _____

Coordination (note whether it's G=good, A=average, or P=poor)

Walking _____

Running _____

Throwing _____

Catching _____

Shoelace Tying _____

Buttoning _____

Writing _____

Athletic Abilities _____

Does your child have excessive number of accidents compared to others?

Does your child seem to understand directions/situations as well as others?

How would you describe your child's overall intelligence?

Were you concerned about your child succeeding in kindergarten?

Have you considered retention or retained your child a grade in school (staying back in the same grade)?

Please describe your child's school experience briefly (Preschool through Twelfth):

Has your child been on an IEP (individualized educational plan)? If so, for what areas?

How does your child do with his/her peers (please describe)?

Do you feel your child has trouble interpreting social cues? _____

Is your child impulsive (acts before thinks)? _____

Is your child fidgety or hyperactive? _____

Does your child have trouble shifting from one activity to another? _____

Does your child interrupt/intrude often? _____

Does your child have trouble judging personal space? _____

Is there a history of temper tantrums? _____

Is your child easily frustrated? _____

Has your child been aggressive? _____

Does your child seem like he/she is "driven by a motor"? _____

Would you describe him/her as a "different child"? _____

How is your child's memory? _____

How well does your child work for short term or long term reward? _____

(For Children) What type of discipline do you use at home?

(For Children) Have you ever had formal help/training in parenting?

What are your interests or your child's?

What are your accomplishments or your child's?

What does you or your child dislike doing the most?

What does you or your child enjoy doing the most?

What do you like about either yourself or your child?

Please list those professional involved with you or your child (with phone numbers, if you can):
