

DEVELOPMENTAL QUESTIONNAIRE FOR CHILDREN

(to be completed by both parents or guardians together)

Please complete the following items to the best of your recollection. Please note that not all sections may be applicable to your situation, and feel free to add additional pages as needed. Having this information in advance will help your psychologist to be better prepared for your initial meeting, and you will be able to elaborate further on any of these points, if you wish, and some of this information may be covered again during your meeting.

Today's date: _____

Child's name: _____ DoB: _____

Name(s) of person(s) completing this form, and relationship to the child: _____

Parent information (mother's information and then father's information):

Name: _____

Age at child's birth _____

Highest level of education: _____

Occupation: _____

For parents who are divorced and remarried or in significant live-in relationships:

Nature of the divorce (amicable, contentious, on-going conflict, etc.): _____

Step-parent's/significant live-in other's name:

Highest level of education: _____

Occupation: _____

Arrangements for visitation and custody: _____

Sibling information: Please add additional page as needed:

Name	Age	full/half/step-sib	Where living if not home?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In cases of adoption:

Age of child when s/he moved in your home/age when adopted: _____/_____

Any information about the biological parents: _____

Any pertinent information about the initial adjustment and family reactions: _____

Pregnancy and Regarding Mother of child (MOC):

Did MoC receive prenatal care? Any complications during pregnancy?_____

Full term? _____ C-section?_____

During the pregnancy: Yes No Yes No

Did MOC use drugs? _____ Did MOC smoke cigarettes? _____

Did MOC drink alcohol? _____ Any depression/anxiety? _____

Any medical problems? _____ Any accidents or falls? _____

Any trauma or losses? _____

Please describe in detail any items you checked “yes”:

Delivery

Birth weight: _____

Did the baby have any problems after the delivery that needed medical attention (e.g., trouble breathing, jaundice, seizures, paralysis)? Describe:_____

Did MOC suffer from post-partum depression? Describe:_____

Infancy and early childhood

Any health problems? _____

Baby’s temperament (e.g., happy, smiling, laughing, cuddly, whiney, fussy, seemed in pain, sad, “old,” hard to engage)? Describe:_____

Activity level during infancy and early childhood:

___ High level of activity, such as squirming, wiggling, kicking, and moving about

___ Low level of physical activity, not showing much increase in movement, interest or response

___ Showed vigorous activity when awake and when played with but was equally often observed playing quietly and generally relaxed.

During baby's first year was there anything (even if it had nothing to do with the baby) that caused unhappiness or anxiety in the family or placed the mother or father under special strain?

Describe: _____

What is your child's current sleep arrangement? _____

Developmental milestones

As best you can remember, designate the age at which your child:

Age (months)

Age (months)

___ Speak first words

___ Use 2-word sentences

___ Potty trained

___ Walk alone

Did your child have difficulties in separating from you when left with others? How did s/he respond when you returned? _____

Did your child have any delays or difficulties in motor coordination? If so, describe and give ages: _____

Did your child have any delays or difficulties in speech? If so, describe and give ages: _____

Does your child have any toilet accidents at this time? Describe: _____

Problems and concerns

Have any of these areas been of concern to you? (Check those that apply and star those of current concern)

___ Overly dependent

___ Shy

___ Unusual fears or phobias

___ Overly anxious

___ Restless, trouble sitting still

___ Awkward, clumsy

___ Difficulty paying attention

___ Impulsive

___ Upset with change

___ Restricted, repetitive motor mannerisms

___ Restricted, repetitive interests

___ Lack of social skills

___ Avoidance of certain textures

___ Trouble with balance

___ Overly sensitive to sounds

___ Difficulty with spelling & reading

___ Difficulty with math

___ Difficulty manipulating small objects

___ Difficulty understanding what is said

___ Difficulty following directions

- | | |
|---|--|
| <input type="checkbox"/> Difficulty expressing what s/he wants to say | <input type="checkbox"/> Cruelty to animals |
| <input type="checkbox"/> Fire-setting | <input type="checkbox"/> Oppositional, defiant behaviors |
| <input type="checkbox"/> Bullying, threatening others | <input type="checkbox"/> Getting into fights |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Destroying property | <input type="checkbox"/> Running away from home |
| <input type="checkbox"/> Often angry and resentful | <input type="checkbox"/> Preoccupation with violence |
| <input type="checkbox"/> Often blaming of others or circumstances | <input type="checkbox"/> Lost in fantasy, daydreaming |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Sexual acting out |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Self-injurious behavior | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Did your child have any frightening experiences? Describe: _____

Describe your child's strengths with regards to abilities, behaviors, etc.: _____

Discipline

What methods (e.g., spanking, time-outs, ignoring, withholding of privileges, withholding of approval and affection) did you use in disciplining your child and how did s/he respond--

What were major areas that required discipline? _____
 Who usually applied the discipline? _____

Attachment

Does the child have a closer attachment to one parent than the other? If so, describe how this is shown. _____

Did the child strongly attach to any other people? Describe when and whom: _____

Does your child prefer playing with children who are his/her own age older younger
 with one or two friends many friends?

Has your child ever had difficulties in making and keeping friendships? Describe: _____

Did your child ever lose anyone with whom s/he was close? _____

How would you describe your child's personality? (circle those that apply) Happy/sad, optimistic/pessimistic, outgoing/introverted, calm/highstrung, flexible/stubborn, leader/follower, underachiever/overachiever, lackadaisical/perfectionist.

Education

Child's academic strengths: _____

Child's academic weaknesses: _____

Behavior problems at school: _____

Extracurricular activities: _____

Grades: ___ above average ___ average ___ below average

Ability: ___ above average ___ average ___ below average

Attendance: ___ usually present ___ often excused absences ___ truant

Relations with peers: ___ excellent ___ usually gets along ___ problems

Relations with teachers: ___ excellent ___ usually gets along ___ problems

Do you feel that schools have adequately dealt with your child's problems? Explain:

Has your child received any special help in the schools (tutoring, special ed, therapy, etc.)?

Describe when, whom, what: _____

Has your child repeated or skipped any grades?

Health

List major illnesses/surgeries that your child has had. _____

Any significant medical, mental health, and learning problems in the immediate and extended family: _____

Spirituality

Describe religious/spiritual practices of your family, if any: _____