

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 |
| 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: