

CHILD PSYCHOSOCIAL INFORMATION

CHILD'S NAME _____
CHILD'S DATE OF BIRTH ____/____/____ AGE _____
INFORMATION PROVIDED BY _____
RELATIONSHIP TO CHILD _____
CHILD'S PARENT/GUARDIAN'S NAMES _____

CHILD'S ADDRESS _____

DESCRIBE REASON(S) FOR REFERRAL FOR EVALUATION:

MEDICAL HISTORY

NAME, ADDRESS, & TELEPHONE OF PEDIATRICIAN:

DATE OF MOST RECENT PHYSICAL EXAM _____
DISCUSS ANY PAST OR CURRENT MEDICAL PROBLEMS YOUR CHILD HAS
EXPERIENCED (I.E. INNER EAR PROBLEMS, COLIC, HOSPITALIZATIONS,
PREMATURE BIRTH,
ETC.) _____

ON AVERAGE, HOW MANY HOURS DOES THE CHILD SLEEP DAILY _____

DOES THE CHILD HAVE TROUBLE FALLING ASLEEP AT NIGHT YES NO

IF YES, PLEASE DESCRIBE _____

DOES THE CHILD HAVE TROUBLE STAYING ASLEEP ONCE HE/SHE HAS
FALLEN ASLEEP YES NO

IF YES, DESCRIBE _____

DESCRIBE THE CHILD'S APPETITE (IN THE PAST WEEK)

POOR APPETITE AVERAGE APPETITE LARGE APPETITE

WHAT MEDICATIONS & DOSAGES IS THE CHILD CURRENTLY TAKING?

DEVELOPMENTAL HISTORY

WAS PREGNANCY PLANNED YES NO

WERE THERE COMPLICATIONS YES NO
(IF YES, EXPLAIN) _____

PROBLEMS WITH FEEDING OR SLEEPING YES NO
(IF YES, EXPLAIN) _____

IS THERE ANY HISTORY OF ABUSE/NEGLECT YES NO
(IF YES, EXPLAIN) _____

PLEASE IDENTIFY THE AGE THAT YOUR CHILD MET THE FOLLOWING
MILESTONES:

HELD HEAD UP AGE _____
TURNED OVER AGE _____
SAT ALONE AGE _____
CRAWLED AGE _____
PULLED UP AGE _____
WALKED AGE _____
SAID 4-10 WORDS AGE _____

USED SENTENCES	AGE _____
FED SELF	AGE _____
DRESSED ALONE	AGE _____
WAS WEANED FROM BOTTLE/BREAST	AGE _____
SMILED	AGE _____
POTTY TRAINED	AGE _____

**PLEASE RATE YOUR OPINION OF YOUR CHILD'S OVERALL DEVELOPMENT:
SOCIAL**

AVERAGE ABOVE AVERAGE BELOW AVERAGE

PHYSICAL

AVERAGE ABOVE AVERAGE BELOW AVERAGE

LANGUAGE

AVERAGE ABOVE AVERAGE BELOW AVERAGE

INTELLECTUAL

AVERAGE ABOVE AVERAGE BELOW AVERAGE

EMOTIONAL

AVERAGE ABOVE AVERAGE BELOW AVERAGE

HAS THE CHILD EVER PARTICIPATED IN SPEECH, OCCUPATIONAL, AND/OR
PHYSICAL THERAPY? YES NO

IF YES, PLEASE DESCRIBE:

PLEASE IDENTIFY ANY PROBLEMS THAT YOUR CHILD EXPERIENCES:

- LOSES TEMPER EASILY
- ARGUES WITH ADULTS
- REFUSES ADULTS' REQUESTS
- DELIBERATELY IGNORES PEOPLE
- BLAMES OTHERS FOR OWN MISTAKES
- EASILY ANNOYED BY OTHERS
- ANGRY/RESENTFUL
- SPITEFUL/VINDICTIVE
- DEFIANT
- BULLIES/TEASES OTHERS
- INITIATES FIGHTS
- USES A WEAPON
- PHYSICALLY CRUEL TO PEOPLE
- PHYSICALLY CRUEL TO ANIMALS
- STEALING
- FIRESETTING
- DOESN'T PAY ATTENTION TO DETAILS
- MAKES CARELESS MISTAKES
- DOES NOT LISTEN WHEN SPOKEN TO
- DOESN'T FINISH CHORES/HOMEWORK
- DIFFICUTLY ORGANIZING TASKS
- LOSES THINGS
- EASILY DISTRACTED
- FORGETFUL IN DAILY ACTIVITIES
- FIDGETY/SQUIRMY
- DIFFICULTY REMAINING SEATED
- RUNS/CLIMBS EXCESSIVELY
- DIFFICULTY PLAYING QUIETLY
- HYPERACTIVE
- DIFFICULTY AWAITING TURN
- INTERRUPTS OTHERS
- PROBLEMS PRONOUNCING WORDS
- SHY/AVOIDANT/WITHDRAWN
- EXCESSIVELY SAD/DEPRESSED
- EXCESSIVE WORRYING
- ANXIOUS/NERVOUS
- MOOD SHIFTS

PLEASE IDENTIFY ANY OF THE ABOVE BEHAVIORS THAT OCCUR FREQUENTLY AND DESCRIBE WHEN THEY BEGAN & ANY IMPAIRMENT THAT THEY MAY CAUSE:

BRIEFLY DESCRIBE YOUR CHILD'S WAY OF EXPRESSING THE FOLLOWING EMOTIONS:

ANGER _____

HAPPINESS _____

SADNESS _____

ANXIETY _____

LIST 5 WORDS TO DESCRIBE YOUR CHILD:

1. _____
2. _____
3. _____
4. _____
5. _____

LIST YOUR CHILD'S 3 GREATEST STRENGTHS:

1. _____
2. _____
3. _____

DESCRIBE YOUR CHILD'S MOST CHALLENGING BEHAVIOR AT HOME:

PLEASE DESCRIBE THE PROGRESSION OF YOUR CHILD'S NEGATIVE BEHAVIORS: _____

DESCRIBE ANY METHODS YOU HAVE USED TO DEAL WITH NEGATIVE BEHAVIORS & INDICATE WHETHER THESE STRATEGIES HAVE BEEN EFFECTIVE OR INEFFECTIVE: _____

SCHOOL

NAME, ADDRESS, & TELEPHONE OF CHILD'S SCHOOL _____

GRADE _____ TEACHER _____

YEARS IN SCHOOL _____

SCHOOL SOCIAL WORKER OR PSYCHOLOGIST _____

PREVIOUS SCHOOLS _____

PLEASE FILL IN WHERE APPROPRIATE:

MY CHILD HAS BEEN:

TUTORED IN _____

ENROLLED IN SPECIAL CLASS _____

EXPELLED/SUSPENDED(PLEASE EXPLAIN)_____

COMMENDATIONS/AWARDS_____

REPEATED GRADES_____

WHAT REPORT CARD GRADES DOES YOUR CHILD USUALLY RECEIVE

HAVE THESE CHANGED LATELY? YES NO

HOW DOES YOUR CHILD HANDLE TRANSITIONS?

LIST YOUR CHILD'S MAIN DIFFICULTIES AT SCHOOL:

WHAT ARE YOUR CHILD'S FAVORITE SUBJECTS?

WHAT ARE YOUR CHILD'S LEAST FAVORITE SUBJECTS?

BRIEFLY DESCRIBE YOUR CHILD'S FRIENDSHIPS:

PLEASE DESCRIBE CHILD’S HOBBIES/INTERESTS/EXTRA CURRICULAR ACTIVITIES: _____

FAMILY HISTORY

PARENTS’ MARITAL STATUS WITH ONE ANOTHER:

MARRIED SEPARATED DIVORCED NEVER MARRIED

IF DIVORCED, PLEASE ANSWER THE FOLLOWING QUESTIONS:

IS EITHER PARENT REMARRIED? YES NO

MOTHER YES NO

FATHER YES NO

ARE THERE ANY CUSTODY ISSUES? YES NO

WHO IS THE PRIMARY RESIDENTIAL PARENT?

MOTHER FATHER BOTH

PLEASE DESCRIBE THE CURRENT TIMESHARING ARRANGEMENT:

MOTHER'S OCCUPATION _____

FULL TIME PART TIME

TYPICAL WORK HOURS _____

MOTHER'S HIGHEST LEVEL OF EDUCATION _____

FATHER'S OCCUPATION _____

FULL TIME PART TIME

TYPICAL WORK HOURS _____

FATHER'S HIGHEST LEVEL OF EDUCATION _____

WHO CARES FOR THE CHILD DURING THE PARENT(S) WORK HOURS?

APPROXIMATELY HOW MANY HOURS PER DAY DOES THE CHILD SPEND IN DAYCARE/BABYSITTER?

PLEASE IDENTIFY ANY RECENT EVENTS AND/OR CHANGES WITHIN YOUR CHILD'S ENVIRONMENT:

- DEATH OF A LOVED ONE
- DIVORCE
- REMARRIAGE OF EITHER PARENT
- BIRTHS
- MOVES
- JOB LOSS OF PARENT
- CHANGE IN SCHOOL
- CHANGE IN BABYSITTER/DAYCARE
- NEW ROMANTIC RELATIONSHIP (FOR PARENT)
- DEATH OF A PET

IF ANY OF THE ABOVE CHANGES AND/OR **OTHER** SIGNIFICANT EVENTS HAVE OCCURRED, PLEASE EXPLAIN:

NAMES AND AGES OF SIBLINGS (PLEASE INCLUDE STEPSIBLINGS)

NAME _____

AGE _____ BIOLOGICAL SIBLING STEP SIBLING

NAME _____

AGE _____ BIOLOGICAL SIBLING STEP SIBLING

NAME _____

AGE _____ BIOLOGICAL SIBLING STEP SIBLING

NAME _____

AGE _____ BIOLOGICAL SIBLING STEP SIBLING

NAME _____

AGE _____

BIOLOGICAL SIBLING

STEP SIBLING

HOW DOES YOUR CHILD GET ALONG WITH HIS/HER SIBLINGS?

IS THERE ANY HISTORY OF MENTAL HEALTH PROBLEMS IN YOUR CHILD'S IMMEDIATE AND/OR EXTENDED FAMILY? YES NO

IF YOU ANSWERED YES, PLEASE DESCRIBE:
