Child History Form

TO BE FILLED OUT BY PARENT ...

Biographical Information

When a psychologist begins working with a child we find that certain basic information can be useful to us. We find that this information is usually best provided by the parent and we will greatly appreciate your time and cooperation. We realize that some of the questions are difficult to remember and answer. Please try to avoid simple yes or no answers and try to give details as the more we know about your child, the better the job we can do. Where appropriate you may simply circle the answer that applies.

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	Anen	Educational Attain
	ity in school®	Dia you hove differ
e lectroine to read?	vour fernit vinter toov	Did ony member of
Age:	SS#:	Occupation:
		OtherMantager
(Street Address)	(City, State, Z	ip code)
Teacher:	22 TBR 2014 RD 1 BBR	
<u></u>	Father	ro letitoldais 'letito.
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onsidering this referral?		Bid you have all bui
y problems at home?	aldoolt evon (amor ev	A real condition from ave
Hours		amen anen camp
	is the school's reason fo	2101040-000
II ves. whoi		
	Pc Age:	e)Parents work number Age:SS#: (Street Address) (City, State, Z Teacher: Father: onsidering this referral? ay problems at home?

Other Family Members Living in Household

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Name Mana A	Age Grade Level
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enalize that some of the questions of simple set of the	official to remember and answer. Please try to avoir
PARENTAL HISTORY:	assass as me more we know about your child, t appropriate you may simply circle the answer that ap
Mother, Stepmother or Guardian:	
	Birthdate:
Educational Attainment:	
Did you have difficulty in school?	
Did any member of your family have	
	Hours: Hours:
Occupation:	Date of Birth: Age: 2
Other Maniages:	School
	(Horne) (Street Address)
Father, Stepfather or Guardian:	
Birthplace:	edituit Birthdate:
Educational Attainment:	omer otardian:
Did you have difficulty in school?	Mind is the reason for considering this referral?
Did any member of your family have tr	ouble learning to read?
Employment: Company	Semon'to inteldora yna evon anno 1009 ianan Hours:
Occupation:	
Other Marriages:	is interactionable felternail
Any Past Physical or Mental Problems:	

Present Marital Situation: (Please circle) Married Living Together Separated Divorced Number of years in present marriage: _____ neatend to both of themaolevel to not board 0

In Describing your marriage would you say: (Please circle) Very poor situation Tolerate each other Relatively happy Very happy

Additional comments:

If remarried since the birth of this child, how old was he/she then?_____

Do you have any religious affiliation?

Do you attend church (Please circle) Regularly Most of the time Occasionally Never?

Does your childhave a heating impairment?

BIRTH HISTORY

Was the child full term or premature? 1.

Length of Labor?

Was anesthesia used for delivery?_____

Did you have complications during pregnancy - bleeding, special medication, toxemia, diabetes, RH factor:_____

Was labor induced?______

Did the child have any problems immediately after birth - blueness, difficulty in breathing, 2. eating, etc.?

Was he/she put in an Incubator?

Child's birth weight:______ Did the child feed normally?______

When he was held was he rigid or relaxed?_____

Any physical defects?____

Did he/she show irritability, difficulty in sleeping, cry a lot?:________

At approximately what age:

Held up head ______ Crawled _____ Sat alone _____

Time of arbitra Steep patients (Bleeve algeb

Walked

Talked

ToiletTrained

Age dressed alone_

Tolist Trained

Does he/she now have difficulty using scissors, pasting, writing, etc?_____

Describe child as a toddler:	Tolerate each other Relatively i
	Additional comments:
Is child right or left handed?:	
Any high fever?	It rematried since the birth of this o
Any convulsions or staring spells?	Co you have any religious affiliatio
Any history of ear infections?	Do yau affend chwdh (Please cir
Does your child have a hearing impairment?	Nacional Contra
Any injuries or accidents, particularly blows to the head (co	and the Statistic courts would be
	Exects 1 to stroke
Discipline Type?	
Are you consistent in you dispining?	old you have complications du
Person who administers discipline?	
Childs reaction to frustration	
AILY SCHEDULE	<u>Did the child hand any prot</u> ating, etc.9
me of arising Sleep pattern (Please circle) Re	astless Nightmares
umber of hours Normal, very sound	
oes he/she resist sleep?beet birds and bid	striplow dbid a "blint
	than ne wa <mark>s held</mark> was he rigid or re
	ny physical defects
ny security items?	id he/sha show initability, alticulty
nildcare arrangements (mother, babysitter, relatives)	i op proximate ly what age:

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FAMILY RELATIONSHIPS

Any significant health or emotional problems with other children?

Does the shild make aging to schools Sibling rivalry or jealousy_____ Does this child particularly like or relate well to any other brother or sister?_____ Do children generally get along?_____ <u>.</u> How would you describe father-child relationship_____ How would you describe mother-child relationship Any activities by whole family? . . By one parent? Child's responsibilities? Does he/she receive any allowance?_____ How is it used? Other comments on self-colt Other information ÷1. EDUCATIONAL INFORMATION How do you feel about your child's academic progress?_____ Dascripilan of home environment (apartment, house, ample What are your expectations for him/her?_____ Child's bedroom (does he/she share a room, helo pick What do you think is your child's attitude towards school?_____ Any unpleasant school experiences?____

Grader retained, what year and why?

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Grades retained, what year and why?	FAMILY RELATIONSHIPS
	Any significant health or emotione
Does the child resist going to school? What is his/her most difficult subject?	
His/Her best?	
•	
Where does he/she study?	
Does he/she read other than assigned books at home?	How would you describe father-ch
Schools Attended Grade Level	Performance
1ditionship1	How would you describe mother-a
2	<i>x</i>
3	
4	
5	By on a octent?
5	Child's responsibilities?
lave you had a conference with his/her teacher this yea	Does he/shereceive any allowa Sm
Other comments on school:	
	Oiber Intometico
ther testing dans intivite and a 10	EDUCATIONAL INFORMATION
Other testing done (private or school)?	
je je	How do you feel about your child's (
escription of home environment (apartment, house, am	
<u>har</u>	What are your expectations for him/
hild's bedroom (does he/she share a room, help pick-up	, show an interest in decorating?)
ude lawards school@	Mhat do you fishic is your child's aith
dditional comments or information:	
	iny uspisatant school axpedences

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