

## CHILDHOOD HISTORY FORM

This form is to be filled out as completely as possible. Please provide as much information as you can to help us understand your child and their needs. Feel free to write additional information on the back of any page. The words, "YOUR CHILD" is used throughout this form. This refers to the child who is being evaluated.

### I. PERSONAL & CONTACT INFORMATION

Child's Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Contact Phone \_\_\_\_\_ (check) Work Cell Pager Other

Who else is living in this residence?

	NAME	AGE	RELATIONSHIP TO YOUR CHILD
1			
2			
3			
4			
5			
6			
7			

If your child is not living with parents, whom is he living with? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone at this address \_\_\_\_\_ Reason for living there \_\_\_\_\_

Who else is living in this residence?

	NAME	AGE	RELATIONSHIP TO YOUR CHILD
1			
2			
3			
4			
5			
6			
7			

Has DHS ever been involved with your family? yes no When? \_\_\_\_\_

Who is your DHS Case Worker? \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

Who is your attorney or public defender? \_\_\_\_\_ Phone \_\_\_\_\_

Has your child ever been involved in counseling? yes no When? \_\_\_\_\_

Who is your child's counselor? \_\_\_\_\_ Phone \_\_\_\_\_

Has your child ever been assessed or evaluated before for emotional, psychological, educational, or behavioral concerns? yes no When? \_\_\_\_\_ By Whom? \_\_\_\_\_

What was recommended? \_\_\_\_\_

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II. BACKGROUND INFORMATION

Biological Family

Mother's name \_\_\_\_\_ Mother's Age \_\_\_\_\_ Age when child was born \_\_\_\_\_

Mother's history with health, mental health, drug or alcohol, or legal problems. \_\_\_\_\_

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Mother's family (grandparents, etc) history with health, mental health, drug or alcohol, or legal problems.

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Father's name \_\_\_\_\_ Father's Age \_\_\_\_\_ Age when child was born \_\_\_\_\_

Father's history with health, mental health, drug or alcohol, or legal problems. \_\_\_\_\_

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Father's family (grandparents, etc) history with health, mental health, drug or alcohol, or legal problems.

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Parents History

Were you and your child's other parent married when your child was born? yes no

How long were you/have you been married or in relationship to your child's other parent? \_\_\_\_\_

Were you married before your relationship with your child's other parent? yes no

If yes please indicate the following for each marriage:

FROM WHEN TO WHEN	CHILDREN BORN (name and ages of half siblings)	RELATIONSHIP WITH YOUR CHILD (half siblings)
1		
2		
3		
4		
5		

Was your child's other parent married before their relationship with you? yes no

If yes please indicate the following for each marriage:

FROM WHEN TO WHEN	CHILDREN BORN (name and ages of half siblings)	RELATIONSHIP WITH YOUR CHILD (half siblings)
1		
2		
3		
4		
5		

Does your child have other siblings born to you and their other parent? yes no

NAME OF SIBLING	AGE	DESCRIBE RELATIONSHIP WITH YOUR CHILD
1		
2		
3		
4		
5		

If you are no longer in relationship with your child's other parent . . .

When did the relationship terminate? \_\_\_\_\_

Why? \_\_\_\_\_

How did this affect your child? \_\_\_\_\_

Who has custody of your child? \_\_\_\_\_

What is your child's visitation schedule with the other parent? \_\_\_\_\_

Describe how your child has adapted to this schedule? \_\_\_\_\_

Were there previous separations in the relationship? yes no How many? \_\_\_\_\_

How old was your child with each separation? \_\_\_\_\_

What were the reasons for each separation? \_\_\_\_\_

How did each separation affect your child? \_\_\_\_\_

Since your separation from your child's other parent have you remarried or cohabited yes no

STEPPARENT'S NAME FROM WHEN TO WHEN RELATIONSHIP WITH YOUR CHILD

- 1
- 2
- 3
- 4

Since your child's other parent's separation from you have they remarried or cohabited yes no

STEPPARENT'S NAME FROM WHEN TO WHEN RELATIONSHIP WITH YOUR CHILD

- 1
- 2
- 3
- 4

Have either you or your child's other parent had any other children since your separation? yes no

PATERNAL or MATERNAL CHILD'S NAME AGE RELATIONSHIP WITH YOUR CHILD

- 1
- 2
- 3
- 4

III. CHRONOLOGICAL HISTORY

Problems during mother's pregnancy:

Please add comments after all checked

- none
- high blood pressure
- kidney infection
- German measles
- emotional stress
- bleeding
- alcohol use
- drug use
- cigarette use
- other

Birth:

Please add comments after all checked

- normal delivery
- difficult delivery
- cesarean delivery
- complications
- birth weight \_\_\_\_\_ lbs \_\_\_\_\_ ozs

Infancy:

Please add comments after all checked

- feeding problems
- sleep problems
- developmental milestone problems (sit, crawl, walk, talk)
- toilet training problems

Was your child breast fed? yes no Age weaned. \_\_\_\_\_

How did your child respond to weaning? \_\_\_\_\_

As an infant and toddler what was your child's mood most of the time? \_\_\_\_\_

Who assisted mother in care and responsibility of childcare? \_\_\_\_\_

What stressors (if any) caused caregivers to feel unhappy or anxious in your child's early years? \_\_\_\_\_

\_\_\_\_\_

Did your child sleep with parents? yes no When did this stop? \_\_\_\_\_

What reactions did your child have to baby sitters or child care? \_\_\_\_\_

\_\_\_\_\_

At what age did your child say the alphabet in order? \_\_\_\_\_

At what age did your child begin to read? \_\_\_\_\_

What significant events happened in your child's first five years of life (include all changes in family including good things and traumatic things. Include how old your child was with each event?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Childhood health:

- chickenpox (age \_\_\_\_\_)
- German measles (age \_\_\_\_\_)
- red measles (age \_\_\_\_\_)
- rheumatic fever (age \_\_\_\_\_)
- whooping cough (age \_\_\_\_\_)
- scarlet fever (age \_\_\_\_\_)
- vision problems
- hearing problems
- speech problems
- auditory processing problems
- allergies to \_\_\_\_\_
- asthma
- significant injuries (What? At what age? \_\_\_\_\_)
- chronic, serious health problems including other mental/emotional problems (What? At what ages?)
- lead poisoning (age \_\_\_\_\_)
- mumps (age \_\_\_\_\_)
- diphtheria (age \_\_\_\_\_)
- poliomyelitis (age \_\_\_\_\_)
- pneumonia (age \_\_\_\_\_)
- tuberculosis (age \_\_\_\_\_)
- mental retardation
- motor coordination problems
- autism
- pervasive developmental disorder (age diagnosed \_\_\_\_\_)
- ADD or ADHD (age diagnosed \_\_\_\_\_)
- depression (list ages \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

What medications has your child been maintained on?

AGE	MEDICATION	DOSAGE	FOR WHAT CONDITION

What counseling has your child had?

AGE	COUNELOR'S NAME	REASON FOR COUNSELING	OUTCOME

When your child was younger what methods of discipline were used with him? \_\_\_\_\_

What methods of discipline are used now? \_\_\_\_\_

How does your child respond to discipline? \_\_\_\_\_

How frequently has discipline been required? \_\_\_\_\_

Who disciplines the child most often? Why? \_\_\_\_\_

What significant events happened in your child's life since he was five years old (include all changes in family including good things and traumatic things. Include how old your child was with each event. How do you think these events impacted your child?

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In retrospect, what do you see was the earliest signs of problems with your child? \_\_\_\_\_

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Move History (list all residences where your child has lived for two or more months)

LOCATION	FROM WHEN TO WHEN	REASON FOR MOVING
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

IV SCHOOL HISTORY

At what age did your child attend day care? \_\_\_\_\_ Where? \_\_\_\_\_

At what age did your child attend preschool? \_\_\_\_\_ Where? \_\_\_\_\_

At what age did your child start school? \_\_\_\_\_ Where? \_\_\_\_\_

Was separation from home to school difficult? yes no How was it handled? \_\_\_\_\_

How many different schools has your child attended? \_\_\_\_\_

SCHOOL YEAR	NAME OF SCHOOL	LOCATION	REASON FOR LEAVING

What academic, emotional, behavioral, or social problems has your child had in school? (Include special education, learning difficulties, disruptions, attention problems, authority difficulties, underachieving, altercations, incidents of truancy, problems requiring school discipline, suspensions, expulsions, etc)

SCHOOL YEAR	PROBLEM	CONSEQUENCES

What extracurricular activities has your child been involved in? \_\_\_\_\_

Has your child ever repeated a grade yes no When/Why? \_\_\_\_\_

How would you rate your child's academic learning?  Below Average  Average  Above Average

How would you describe your child's level of activity?  Overactive  Average  Underactive

What grades did your child get on their last report card? \_\_\_\_\_







VII. EMOTIONAL/BEHAVIORAL PROBLEM HISTORY

What Emotional / behavior problems are you aware that your child has a history with?

	SINCE WHAT AGE	FREQUENCY	COMMENTS
<input type="checkbox"/> drug abuse			
<input type="checkbox"/> alcohol abuse			
<input type="checkbox"/> gang involvement			
<input type="checkbox"/> smoking			
<input type="checkbox"/> chronic lying			
<input type="checkbox"/> stealing			
<input type="checkbox"/> shoplifting			
<input type="checkbox"/> violent temper			
<input type="checkbox"/> fire-setting			
<input type="checkbox"/> hyperactive			
<input type="checkbox"/> animal cruelty			
<input type="checkbox"/> assaults others			
<input type="checkbox"/> disobedient			
<input type="checkbox"/> breaking and entering			
<input type="checkbox"/> not trustworthy			
<input type="checkbox"/> hostile/angry mood			
<input type="checkbox"/> indecisive			
<input type="checkbox"/> immature			
<input type="checkbox"/> bizarre behavior			
<input type="checkbox"/> self-injurious threats			
<input type="checkbox"/> vandalism			
<input type="checkbox"/> frequently tearful			
<input type="checkbox"/> frequent daydreams			
<input type="checkbox"/> lack of attachment			
<input type="checkbox"/> distrustful			
<input type="checkbox"/> extreme worrier			
<input type="checkbox"/> self-injurious acts			
<input type="checkbox"/> impulsive			
<input type="checkbox"/> easily distracted			
<input type="checkbox"/> poor concentration			
<input type="checkbox"/> often sad/depressed			
<input type="checkbox"/> suicidal			
<input type="checkbox"/> running away			
<input type="checkbox"/> breaks things			

Please add any additional comments pertaining to your child's emotional/behavioral history. \_\_\_\_\_

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VIII. LEGAL HISTORY

Indicate the extent of police or court involvement your child has had.

- no legal problems
- now on parole/probation (for how long? \_\_\_\_\_)
- arrest(s) not substance-related (\_\_\_\_ times? when? \_\_\_\_\_ for what? \_\_\_\_\_)
- arrest(s) substance-related (\_\_\_\_ times? when? \_\_\_\_\_ for what? \_\_\_\_\_)
- court ordered treatment (\_\_\_\_ times? when? \_\_\_\_\_ for what? \_\_\_\_\_)
- jail/prison (\_\_\_\_ times? when? \_\_\_\_\_ for what? \_\_\_\_\_)

Please add any additional comments pertaining to your child's legal history. \_\_\_\_\_

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IX. JOB HISTORY

Has your child ever held a job?  yes  no

WHAT AGE      WHERE DID HE WORK?      HOW LONG?      REASON FOR TERMINATION

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How did your child relate to co-workers? \_\_\_\_\_

Describe how your child performed on the job? \_\_\_\_\_

Please add any additional comments pertaining to your child's job history. \_\_\_\_\_

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X. STRENGTHS

Understandably the intent of this assessment is to understand the nature and extent of problem areas your child may be having. But please take a moment to focus on what you think your child's strengths may be.

What constructive things does your child like to do? \_\_\_\_\_

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What gifts or talents does your child have? \_\_\_\_\_

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What are your child's greatest accomplishments? \_\_\_\_\_

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What do you like about your child? \_\_\_\_\_

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What are you most proud of your child for? \_\_\_\_\_

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