

## Developmental History

The following questions are asked to obtain an overall understanding of yours or your child's early childhood development. Please answer the questions to the best of your knowledge. If you cannot recall, feel free to give a general response rather than no response. The idea is to acquire an overall description not an exact picture.

**Neonatal:** Please describe to the best of your knowledge. If known, please note any losses, accidents, changes in diet, medication, substance abuse, and the physical health of yours or your mother's during pregnancy. In addition, did you or your mother try to or wanted to abort, attempt suicide, or experience any other stressors during pregnancy?

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**Birth experience:** Please describe it. Please list who was present during delivery. Was it a forcep or C-Section delivery? Were you or your child jaundiced at birth? Placed in an incubator? Were there any other problems noted during delivery? What was APGAR scores at 1 minute \_\_\_\_\_ and 5 minutes \_\_\_\_\_?

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**Feeding:**

Breast-fed? If so, were there any difficulties? (Describe)

At what age did you/your child start being bottle-fed? \_\_\_\_\_

Were there any difficulties in finding a suitable formula? \_\_\_\_\_

At what age did you/your child accept solid food? \_\_\_\_\_

Which foods did you/your child eat first? \_\_\_\_\_

Did you or your child have difficulties eating or digesting food? \_\_\_\_\_

\_\_\_\_\_

If so, which foods?

\_\_\_\_\_

Did you or your child have a history of digestive problems?

Describe \_\_\_\_\_

**Toilet training:**

How old were you or your child when toilet training started? \_\_\_\_\_

What method was used? Potty seat? \_\_\_\_\_ or adult toilet? \_\_\_\_\_

What was done if you or your child was successful?

\_\_\_\_\_

Unsuccessful? \_\_\_\_\_

At what age did you/your child stop wetting the bed at night? \_\_\_\_\_

At what age did you/your child stop wetting self during the day? \_\_\_\_\_

Do you/your child have a history of bowel problems (diarrhea constipation, hernia, etc.)? Explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Gross motor movement:** How old were you/your child when: sat up alone for a sustained period of time? \_\_\_\_\_ Crawled \_\_\_\_\_

Stood without assistance? \_\_\_\_\_ First steps? \_\_\_\_\_ Walked? \_\_\_\_\_

Did you/your child have any difficulties achieving these milestones?

(Describe)

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Did you/your child have a history of physical and/or occupational therapy? \_\_\_\_\_

If so, what age \_\_\_\_\_ What kind of treatment? \_\_\_\_\_

How long was the treatment? \_\_\_\_\_

Did you/your child have a history of difficulties walking, running, or playing sports? If so, which ones?

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**Language:** At what age did you/your child say first words? \_\_\_\_\_ What were the words? \_\_\_\_\_

Did you/your child have a history of speech or language problems? If so, what age \_\_\_\_\_ How long receive speech/language support? \_\_\_\_\_

Do you/your child still have difficulties in speaking clearly?

**Fine motor movement:** At what age did you/your child start to draw? \_\_\_\_\_ Write letters? \_\_\_\_\_ Write sentences? \_\_\_\_\_

Did you/your child still prefer printing to cursive writing? \_\_\_\_\_

Is it difficult to read your/your child's writing? \_\_\_\_\_

**Sleep Patterns:** At what age did you/your child able to sleep through the night? \_\_\_\_\_

Did you/your child still have difficulties going to sleep? \_\_\_\_\_ Staying asleep? \_\_\_\_\_ Having nightmares? \_\_\_\_\_ Describe \_\_\_\_\_

Did you/your child have a bedtime ritual? \_\_\_\_\_ Describe Time, place, etc. \_\_\_\_\_

**Sensory Patterns:**

Did you/your child have any history of difficulties tolerating any of the following?:

- a. Auditory (overly sensitive to sounds, loud noises, etc.) \_\_\_\_\_
- b. Visual (overly sensitive to lights, sun, snow, etc.) \_\_\_\_\_
- c. Tactile (overly sensitive to certain textures, shoes, types of clothing, etc.) \_\_\_\_\_
- d. Olfactory (overly sensitive to certain smells) \_\_\_\_\_
- e. Taste (overly sensitive to certain types of food, or try hard to avoid them) \_\_\_\_\_

What sensations are pleasant to you/your child?

What sensations are unpleasant to you/your child?

**Early childhood experiences**

Who was available as primary parent? \_\_\_\_\_

Describe the relationship: (close, distant, chaotic, sometimes close, and sometimes distant)

Who was available as secondary parent? \_\_\_\_\_

Describe the relationship: (close, distant, chaotic, sometimes close, and sometimes distant)

If you/your parents work, At what age did you/your mother return to work \_\_\_\_\_  
\_\_\_\_\_ father return to work? \_\_\_\_\_

Who took care of you/your child while you/your mother was at work? \_\_\_\_\_

While you/your father was at work? \_\_\_\_\_

**Discipline methods:**

Spanking? \_\_\_\_\_ Hitting/slapping/Using a belt or paddle? \_\_\_\_\_

Withholding of privileges? \_\_\_\_\_ of approval and affection? \_\_\_\_\_

Going without eating lunch or dinner? \_\_\_\_\_ Ignored? \_\_\_\_\_

Time-out? \_\_\_\_\_ (Describe method and length of time)

Sent to your/your child's bedroom?

How did you/your child respond to the discipline?

What rewards did you/your child receive for good behavior?

What behaviors did you/your child have to do to get rewards? (Example: grades, homework, cleaning room, behavior chart for chores, etc.) Describe

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**Childhood Behaviors and Emotions**

Did you/your child have a history of losing control? (i.e. angry outbursts, temper tantrums, holding his/her breath or other types of aggression? \_\_\_\_\_ Describe. \_\_\_\_\_

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Did you/your child have a history of fears? \_\_\_\_\_ Describe

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Did you/your child have a nickname?\_ Name: \_\_\_\_\_

**Immediate Family Constellation:**

List all members who lived in your household during early childhood.

Name of Person: \_\_\_\_\_ Their date of birth \_\_\_\_\_

Age of you/your child when they joined your family? \_\_\_\_\_

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

Name of Person: \_\_\_\_\_ Their date of birth \_\_\_\_\_

Age of you/your child when they joined your family? \_\_\_\_\_

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

Name of Person: \_\_\_\_\_ Their date of birth \_\_\_\_\_

Age of you/your child when they joined your family? \_\_\_\_\_

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

Name of Person: \_\_\_\_\_ Their date of birth \_\_\_\_\_

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Name of Person: \_\_\_\_\_ Their date of birth \_\_\_\_\_

Age of you/your child when they joined your family? \_\_\_\_\_

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

Name of Person: \_\_\_\_\_ Their date of birth \_\_\_\_\_

Age of you/your child when they joined your family? \_\_\_\_\_

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

**Early Childhood Experience:**

Describe any experiences that were upsetting such as changes, separations, losses, placements, moves, accidents.

0 to 1 year:

2 - 3 years

3 - 5 years

6-8 years

9-12 years

13-15 years

16-19 years

Any Subsequent years

**School History**

**Preschool:** Describe your/your child's preschool experience. Describe any upsetting events, changes, separations, moves, or losses during this time.

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Situations:

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Friends: Did you/your child prefer playing alone? \_\_\_\_\_ or with peers older? \_\_\_\_\_ younger? \_\_\_\_\_ How many close friends did you/your child have? \_\_\_\_\_ How long were the friendships? \_\_\_\_\_

**Kindergarten:** Describe your/your child's school experience. Describe any upsetting events, changes, separations, moves, or losses during this time.

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Situations:

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Friends: Did you/your child prefer playing alone? \_\_\_\_\_ or with peers older? \_\_\_\_\_ younger? \_\_\_\_\_ How many close friends did you/your child have? \_\_\_\_\_ How long were the friendships? \_\_\_\_\_

**Elementary School**

Describe your/your child's school experience. Describe any upsetting events, changes, separations, moves, or losses during this time.

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_



Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Situations:

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Friends: Did you/your child prefer playing alone? \_\_\_\_\_ or with peers

older? \_\_\_\_\_ younger? \_\_\_\_\_ How many close friends did you/your child have? \_\_\_\_\_

How long were the friendships? \_\_\_\_\_

Academics:

Did you/your child skip a grade? \_\_\_\_\_ which grade? \_\_\_\_\_

repeat a grade? \_\_\_\_\_ which grade? \_\_\_\_\_

Been suspended? \_\_\_\_\_ grade? \_\_\_\_\_ length? \_\_\_\_\_ times? \_\_\_\_\_

for what? \_\_\_\_\_

How many hours, on an average weekday, did you/your child spend studying?

each night? \_\_\_\_\_

Circle the words which best describe the grades in elementary school:

Superior/Above Average/Average/Below Average/Failing

### **Middle School Years**

Describe your/your child's school experience. Describe any upsetting events, changes, separations, moves, or losses during this time.

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Situations:

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Friends: Did you/your child prefer playing alone? \_\_\_\_\_ or with peers  
older? \_\_\_\_\_ younger? \_\_\_\_\_ How many close friends did you/your child have? \_\_\_\_\_  
How long were the friendships? \_\_\_\_\_

**Academics:**

Did you/your child skip a grade? \_\_\_\_\_ which grade? \_\_\_\_\_  
repeat a grade? \_\_\_\_\_ which grade? \_\_\_\_\_

Been suspended? \_\_\_\_\_ grade? \_\_\_\_\_ length? \_\_\_\_\_ times? \_\_\_\_\_  
for what? \_\_\_\_\_

How many hours, on an average weekday, did you/your child spend studying?  
each night? \_\_\_\_\_

Circle the words which best describe the grades in middle school:

Superior/Above Average/Average/Below Average/Failing

**High School Years**

Describe any upsetting events, changes, separations, moves and/or losses.

Describe your/your adolescent high school experience. Describe any upsetting  
events, changes, separations, moves, or losses during this time.

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Situations:

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Friends: Did you/your adolescent prefer to be a loner? \_\_\_\_\_ or with peers  
older? \_\_\_\_\_ younger? \_\_\_\_\_ How many close friends did you/your adolescent have  
at any given time? \_\_\_\_\_ How long were the  
friendships? \_\_\_\_\_

**Academics:**

Did you/your adolescent skip a grade? \_\_\_\_\_ which grade? \_\_\_\_\_

repeat a grade? \_\_\_\_\_ which grade? \_\_\_\_\_

Been suspended? \_\_\_\_\_ grade? \_\_\_\_\_ length? \_\_\_\_\_ times? \_\_\_\_\_

for what? \_\_\_\_\_

How many hours, on an average weekday, did you/your adolescent spend studying?  
each night? \_\_\_\_\_

What grade did you/your adolescent complete?

Did you/your son/daughter attend alternative, vocational, magnet, private, or  
other special schools? \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

Name of School \_\_\_\_\_ Age Attended \_\_\_\_\_

What was your/your adolescent grade point average at graduation? \_\_\_\_\_

Did this include honors (i.e. accelerated) \_\_\_ or special education? \_\_\_

At what age did you/your son/daughter drive?

- a) Did he/she have any moving violations?
- b) Did he/she have any accidents?
- c) Did he/she ever total a car?
- d) Did he/she ever have your license revoked?
- e) Did he/she receive a DUI/DWI

**College/University/Tech School/Graduate School:**

Name of school: \_\_\_\_\_

Major \_\_\_\_\_ degree \_\_\_\_\_ year graduated \_\_\_\_\_ GPA \_\_\_\_\_

Name of school: \_\_\_\_\_

Major \_\_\_\_\_ degree \_\_\_\_\_ year graduated \_\_\_\_\_ GPA \_\_\_\_\_

Name of school: \_\_\_\_\_

Major \_\_\_\_\_ degree \_\_\_\_\_ year graduated \_\_\_\_\_ GPA \_\_\_\_\_

Name of school: \_\_\_\_\_

Major \_\_\_\_\_ degree \_\_\_\_\_ year graduated \_\_\_\_\_ GPA \_\_\_\_\_

Name of school: \_\_\_\_\_

Major \_\_\_\_\_ degree \_\_\_\_\_ year graduated \_\_\_\_\_ GPA \_\_\_\_\_

Describe any upsetting events, changes, separations, moves and/or losses.

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Friends How many close friendships. How long were the friendships?

Did you join any clubs, fraternities, sororities, interest groups, sport teams?

How many hours did you study per day?

## Medical History

### Menstrual History during adolescents

At what age did you/your daughter start your/her period? \_\_\_\_\_

Are the periods regular? \_\_\_\_\_

Is there any pain? \_\_\_\_\_

Is/was birth control pills prescribed? \_\_\_\_\_

Did you/has your daughter had an abortion? \_\_\_If so, what age? \_\_\_\_\_

Did you/has your daughter been pregnant? \_\_\_If so, what age? \_\_\_\_\_

Did you/has your daughter had a miscarriage? \_\_\_If so, what age? \_\_\_\_\_

### Illnesses during childhood/adolescents:

List illnesses that you/your son/daughter have had. State the age at which each illness occurred, how long each illness lasted, what treatment was given and if there were any unusual reactions.

Illness	Age	Treatment Given	Reaction
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Were you/your child been physically/sexually abused? If so, please describe the situation, age of onset and time-line and age the abuse ended:

List any operations you/your son/daughter have had. State the age, kind of operation, length of hospitalization, complications, etc.

<u>Operation</u>	<u>Age</u>	<u>Hospitalization</u>	<u>Complications</u>
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**History of Medications during childhood/adolescents**

List all the medications you/your son/daughter have had. State the age, kind of medication, reason, and duration

<u>Medication/Dosage</u>	<u>Age</u>	<u>Reason</u>	<u>Duration</u>
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**Drug and Alcohol Abuse during childhood/adolescents**

List alcohol and drugs you/your son/daughter have had. State the kind of alcohol/drug, age of first consumption, frequency:

Type of alcohol and drugs

<u>Type</u>	<u>How Used</u>	<u>Age</u>	<u>Started</u>	<u>Amount</u>	<u>Frequency</u>	<u>Last time used?</u>
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**Legal Matters during childhood/adolescents**

If you/your son/daughter have been in a treatment facility/rehabilitation program, please give the dates of admission and the reason for the admission.

If you/your son/daughter have been on probation, please provide the dates, reason, and outcome of the probation.

If you/your son/daughter have been placed in jail or prison, please provide the dates, the location of the facility, reason for incarceration and outcome of the jail/prison sentence.

Please add anything you feel is important to know about your childhood or your son/daughter which might not have been covered.