

Child Developmental History Record

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 NAME OF SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 TEACHER(S): \_\_\_\_\_  
 CHILD'S PHYSICIAN: \_\_\_\_\_ PHYSICIAN'S NUMBER: \_\_\_\_\_  
 CHILD'S HOME ADDRESS: \_\_\_\_\_

If necessary, I give Dr. Kotrba permission to call me at the following numbers:

Home Phone: \_\_\_\_\_ OK to leave a message Yes No  
 Cell Phone: \_\_\_\_\_ OK to leave a message Yes No  
 Work Phone: \_\_\_\_\_ OK to leave a message Yes No

If necessary, I give Dr. Kotrba permission to contact me at the following email (emails will not be distributed or sold):

Parent's Email Address: \_\_\_\_\_

A. Please list the problems with which you want help for this child.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

When did you first notice the problem? \_\_\_\_\_

What seems to make the problem better? \_\_\_\_\_

What seems to make the problem worse? \_\_\_\_\_

B. Where you specifically referred by someone? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, whom? \_\_\_\_\_

C. Has this child had previous evaluations outside of school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, by whom and when? It will be helpful to bring any available report(s).

\_\_\_\_\_  
\_\_\_\_\_

D. Has this child received any psychological or psychiatric treatment? If so, please list approximate dates and types of treatment (including name of medication):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Development

1. Pregnancy and Delivery

Prenatal medical illnesses and health care:

\_\_\_\_\_

Was the child premature? \_\_\_\_\_ Weight and height at birth: \_\_\_\_\_  
 Any birth complications or problems?

\_\_\_\_\_

2. The first few months of life

Health problems:

\_\_\_\_\_

Personality/Temperament:

\_\_\_\_\_

3. Milestones: At what age did this child do each of the following?

Sat without support \_\_\_\_\_ Crawled \_\_\_\_\_

Walked independently \_\_\_\_\_ Fully toilet trained day \_\_\_\_\_

Fully toilet trained night \_\_\_\_\_ Able to dress self \_\_\_\_\_

Age when child said first words: \_\_\_\_\_

Age when child said first sentences: \_\_\_\_\_

Any speech, hearing, or language difficulties? \_\_\_\_\_

What is the principal language spoken in the home? \_\_\_\_\_  
 Indicate others that are also used. \_\_\_\_\_

F. Health

List all childhood illnesses, hospitalizations, medications, allergies, head injuries, important accidents/injuries, surgeries, seizures, and other medical conditions.

<u>Condition</u>	<u>Age</u>	<u>Treatment</u>	<u>Consequences</u>

G. Family History

Please list any psychological condition, attentional weaknesses, learning issues, behavioral problems, or other mental illness in any immediate or extended family member.

<u>Diagnosis or Condition</u>	<u>Family Member</u>

1. Father's present age \_\_\_\_\_ School level completed \_\_\_\_\_  
Present occupation \_\_\_\_\_  
General health \_\_\_\_\_
2. Mother's present age \_\_\_\_\_ School level completed \_\_\_\_\_  
Present occupation \_\_\_\_\_  
General health \_\_\_\_\_
3. Brother(s): Age(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Sister(s): Age(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Was the child adopted? \_\_\_\_\_
5. What is marital status of parents? \_\_\_\_\_
6. If divorced/separated, child mainly lives with \_\_\_\_\_
7. Has this child endured any extremely stressful experience? \_\_\_\_\_

H. Education

1. Any previous schools attended?  
\_\_\_\_\_  
\_\_\_\_\_
2. Academic issues:  
\_\_\_\_\_  
\_\_\_\_\_
3. Behavioral issues:  
\_\_\_\_\_  
\_\_\_\_\_
4. Special skills or talents of child (list hobbies, sports, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

I. Behavioral Concern Inventory

Please indicate (by circling) any possible behavioral concerns you might have about your child's behavior.

- Is moody
- Worries a lot
- Seems sad
- Makes negative comments about self
- Has many fears
- Panics easily
- Has lost interest in things he/she used to enjoy
- Gets angry easily
- Complains of headaches or stomach aches
- Wets bed
- Has bowel accidents
- Makes odd sounds
- Goes through certain rituals or odd habits regularly
- Is extremely preoccupied with cleanliness
- Frequently complains of being tired
- Is rejected by peers
- Annoys peers
- Has trouble forming new friendships
- Gets picked on or bullied by others
- Lacks close friends
- Disobeys parents
- Is mean to animals
- Argues a lot
- Has temper tantrums
- Fights with other students
- Uses bad language excessively
- Is mean to siblings
- Takes things that don't belong to him/her

J. Other Behavior

What are your child's favorite activities?

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

What activities would your child like to engage in more often than he/she does at present?

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What activities does your child like least?

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Has your child ever been in trouble with law? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe

briefly: \_\_\_\_\_

What disciplinary techniques do you usually use when your child behaves inappropriately? Place a check next to each technique that you usually use. There also is space for writing in any other disciplinary techniques that you use.

Check Disciplinary technique

\_\_\_\_\_ Ignore problem behavior

\_\_\_\_\_ Scold child

\_\_\_\_\_ Spank child

\_\_\_\_\_ Threaten child

\_\_\_\_\_ Reason with child

\_\_\_\_\_ Other (describe): \_\_\_\_\_

Check Disciplinary technique

\_\_\_\_\_ Tell child to sit on chair

\_\_\_\_\_ Send child to his or her room

\_\_\_\_\_ Take away some activity or food

\_\_\_\_\_ Redirect child's interest

\_\_\_\_\_ Don't use any technique

Which disciplinary techniques are usually effective?

\_\_\_\_\_

\_\_\_\_\_

Which disciplinary techniques are usually ineffective?

\_\_\_\_\_

\_\_\_\_\_