

Child Developmental History Record

A. Identifications

1. Child's name: _____ Birthdate: _____ Age: _____
Person(s) completing this form: _____ Today's date: _____

2. Mother's name: _____ Birthdate: _____ Home phone: _____
Address: _____
Currently employed: No Yes, as: _____ Work phone: _____

3. Father's name: _____ Birthdate: _____ Home phone: _____
Address: _____
Currently employed: No Yes, as: _____ Work phone: _____

4. Parents are currently Married Divorced Remarried Never married Other: _____
Child's custodian/guardian is: _____

5. Stepparent's name: _____ Birthdate: _____ Home phone: _____
Address: _____
Currently employed: No Yes, as: _____ Work phone: _____

6. Other adult family members? _____

B. Development Please fill in any information you have on the areas listed below.

1. Pregnancy and delivery

Prenatal medical illnesses and health care: _____

Was the child premature? No Yes. Weight and height at birth: _____ pounds _____ inches
Any birth complications or problems? _____

2. The first few months of life

Breast-fed? If so, for how long? Any allergies? _____

Sleep patterns or problems: _____

Personality: _____

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

Sat without support: _____ Crawled: _____ Walked without holding on: _____ Helped when being dressed: _____ Tied shoelaces: _____ Buttoned buttons: _____
 Ate with a fork: _____
 Stayed dry all day: _____ Didn't soil his or her pants: _____ Stayed dry all night: _____

4. Speech/language development

Age when child said first word understandable to a stranger: _____

Age when child said first sentence understandable to a stranger: _____

Any speech, hearing, or language difficulties? _____

C. Health

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

| Condition | Age | Treated by Whom | Consequences |
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D. Residences

1. Homes

| From | To | Location | With Whom | Reason for Move | Any Problems |
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2. Residential placements, institutional placements, or foster care

Dates

| From | To | Program Name | Location | Reason for Placement | Any Problems |
|------|----|--------------|----------|----------------------|--------------|
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E. Schools

Dates

| From | To | School Name | Location/Address | Grade | Age | Any Problems |
|------|----|-------------|------------------|-------|-----|--------------|
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May I call and discuss your child with the current teacher? Yes No

F. Special skills or talents of child

List hobbies, sports; recreational, musical, TV, and toy preferences; etc.: _____

G. Other

Is there anything else I should know that doesn't appear on this or other forms, but that is or might be important?
