



Parent Intake Form: Developmental History

Child _____ Date _____
Birthdate _____ M / F Grade _____
Mother _____ Father / Co-Parent _____
Person completing form _____
Parent Email: _____ Parent Cell Phone: _____

BACKGROUND INFORMATION

Pre-School(s) attended? _____
Current School _____
Teacher and contact info _____
Child lives with Both Parents ___ Mother ___ Father ___ Other ___
Siblings (Names /Age) _____
Others who live in the home _____
Languages spoken in the home _____
Language you speak to your child _____
Language your child speaks to you _____
Language children speak to each other _____
Family issues: Alcoholism ___ Substance Abuse ___ Mental Illness ___
Sibling Disabilities / illnesses _____
Explain: _____

Divorce _____ When? _____ Other _____
Occupation: Father/Co-Parent _____ Mother _____

BIRTH/DEVELOPMENTAL INFORMATION

PRENATAL (mother's health during pregnancy)

Illnesses/conditions _____
Drug/medications _____ Alcohol use Y/N
Mom's Age at birth _____
Accidents _____
Complications _____

BIRTH

Full Term? Y/N Premature? Y/N

Vaginal ___ Cesarean ___ Breach ___ Forceps ___

Lack of enough Oxygen _____

Hours of labor _____ Birth weight _____ Any Other Complications?

DEVELOPMENTAL MILESTONES

Please note age where requested

Toilet trained age: _____ Easy/Difficult? Walked age: _____

Crawled age: _____

Spoke 1st word age: _____

Used 2 or more word age: _____ Articulation (“pronunciation”) problems?

Y/N

CHILDHOOD & CURRENT HEALTH (PLEASE NOTE DATES OF OCCURRENCE)

Illnesses/conditions

Current medications _____

Accidents or hospitalizations?

Ear Problems _____ Seizures _____ Fever over 104° _____

Head injuries _____ Partial drowning/suffocation _____

Allergies _____

Appetite: ok/poor Energy level: high/med/low

3 words to describe your child?

_____ My child understands the behavioral expectations at home

What areas of strength do you note for your child? (in each of the specified areas, if you feel there are strengths):

Academics

Sports

Art / Hobbies

Social Skills
