Parent and Child Developmental History Intake Form

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 contact info ______________________________

Child lives with: Both Parents ☐ Mother ☐ Father ☐ Other ☐

Siblings Name(s) and Age(s) ______________________________

Others who live in the home ______________________________

Occupations > Mother ____________________ Father/Co-Parent ____________________

Language(s) spoken in the home ______________________________

Language(s) you speak to your child ______________________________

Language(s) your child speaks to you ______________________________

Language(s) children speak to each other ______________________________

Family Challenges (Check all that apply):

Alcoholism ☐ Substance Abuse ☐ Mental Illness ☐ Sibling Disabilities / illnesses ☐

Explain ______________________________

Divorce: Y ☐ N ☐ When? ____________________ Other ____________________

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	Premature	Vaginal	Cesarean	Breach	Forceps
Y ☐ N ☐	Y ☐ N ☐	☐	☐	☐	☐
Lack of enough Oxygen? Y ☐ N ☐	Hours of Labor _____	Birth Weight _____	Complications: _____		

DEVELOPMENTAL MILESTONES

Toilet Trained Age _____ Easy ☐ Difficult ☐

Walked Age _____ Crawled Age _____ Spoke 1st word Age _____

Used 2 or more words Age _____ Articulation ("pronunciation") problems? Y ☐ N ☐

CHILDHOOD & CURRENT HEALTH (PLEASE NOTE DATES OF OCCURRENCE)

Illnesses/conditions ____

Current medications____

Accidents or hospitalizations? ___________________________________

Energy level: High ☐ Med ☐ Low ☐

Ear Problems	Seizures	Fever over 104º	Head injuries	Allergies	Appetite
☐	☐	☐	☐	☐	Ok ☐ Poor ☐

SOCIAL/EMOTIONAL

Check all that apply to your child:

Gets along with peers	Gets along with adults	Outgoing	Anxious	Cries easily	Aggressive
☐	☐	☐	☐	☐	☐
Shy	Temper Tantrums	Nervous	Independent	Happy	Other
☐	☐	☐	☐	☐	

List 3 words to describe your child:

______________________________ ______________________________ ______________________________

DISCIPLINE

Types of discipline that work best for my child ____

Types of discipline that don't work ____

____

Behavioral concerns at home ____

____

☐ My child listens when I tell him/her to do something

☐ My child follows the established rules in the home

☐ My child understands the behavioral expectations at home

DESCRIBE AREAS OF **STRENGTH** FOR YOUR CHILD

Academics ____

____

____

Sports ____

____

____

Art / Hobbies ____

____

____

Social Skills ____

____

____

Other Strengths? ____

____

____

WHAT SPECIFIC CONCERNS DO YOU HAVE?

Note below where applicable:

Overall Academics ____

Writing ____

Behavioral ____

Organization ____

Attention / Task Completion ____

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Social skills ____

Emotional regulation ____

Other specific concerns you would like addressed in evaluation

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List other evaluations conducted by an educational therapist, psychologist, speech and language pathologist or other professional in the past three years.

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Would you feel comfortable sharing the results and/or report documents listed above with our team? Y ☐ N ☐
If yes, please include when submitting this form or forward copy to Mandy@EndTestPro.com or Fax 310.837.7060

Is there any additional information that you would like to share that has not been covered by this questionnaire?

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