



Child Developmental History Record

Identifications

Child's name: _____ Birthdate: _____ Age: _____

Person(s) completing this form: _____ Today's date: _____

Development

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? _____

The first few months of life:

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

Sleep patterns or problems: _____

Personality: _____

Milestones: *Please indicate "on time" or "delayed" or "early" for each milestone.*

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: _____

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? _____

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? |
|-----------|-------|------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Residences

Homes, Residential placements, institutional placements, or foster care

| Dates | Location | With whom | Reason for moving | Any problems? |
|-------|----------|-----------|-------------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Schools

| School (name, district) | Grade | Age | Teacher |
|-------------------------|-------|-------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

May I call and discuss your child with the current teacher? Yes No

Name and phone: _____

May I call and discuss your child with the school counselor or behavioral interventionist? Yes No

Name and phone: _____

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

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