

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: _____

Mother currently employed: No Yes, as: _____

Work phone: _____

3. Father's name: _____ Birthdate: _____ Home phone: _____

Address: _____

Father 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: _____

Stepparent 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?

D. Residences

1. Homes

Dates From / To	Location	With whom	Reason for moving	Any problems?

2. Residential placements, institutional placements, or foster care

Dates From / To	Program name or loca- tion	Reason for placement	Problems?

E. School

School (name, district, address, phone)	Grade	Age	Teacher

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?
