

KATHLEEN L. ANDERSON, LICSW
ADDITIONAL INFORMATION FOR CHILDREN

Child's Name: _____

DEVELOPMENTAL HISTORY

Pregnancy:

Length: _____ Cigarettes: _____ Alcohol: _____ Non-Prescription Drugs: _____

Medications: _____ Complications: _____

Labor and Delivery:

Complications: _____

(Caesarian, Premature, Forceps, Breech, Induced, etc)

Birth Weight: _____ lbs. _____ oz. Birth Defects: _____

Post-Delivery Complications: _____

Early Development:

Describe any sleeping problems: _____

Describe any feeding problems: _____

As an infant, was the child quiet? Yes ___ No ___ As an infant, was the child alert? Yes ___ No ___

As an infant, did the child like to be held? Yes ___ No ___

Describe any concerns or problems in the child's growth or development in the first few years: _____

What was the outcome? _____

The following is a list of infant and preschool behaviors. Please indicate the approximate age at which your child first demonstrated each behavior. If you don't remember the age at which the behavior occurred but think it was approximately average, write "WNL" (within normal limits).

Behavior	Age	Behavior	Age
Showed response to mother	_____	Walked alone	_____
Rolled over	_____	Put several words together	_____
Sat alone	_____	Became toilet trained	_____
Crawled	_____	Stayed dry at night	_____
Spoke first word	_____	Rode tricycle	_____

EDUCATIONAL HISTORY

Grade: _____ School: _____ District: _____

Place a check next to any educational problem that your child currently exhibits:

_____ Has difficulty with reading. _____ Has difficulty with other subjects (please list):

_____ Has difficulty with arithmetic. _____

_____ Has difficulty with spelling. _____

_____ Has difficulty writing. _____ Does not like school.

Is your child in a special education class? Yes ___ No ___ If yes, in which grade was placement made? _____

What type of class? _____ How much time each day? _____

Describe any handicapping conditions: _____

Has your child ever been held back in a grade? Yes ___ No ___

If yes, what grade and why? _____

Has your child ever received special tutoring or therapy in school? Yes ___ No ___

If yes, please describe: _____

Has your child ever been suspended from school? Yes ___ No ___

If yes, number of suspensions and why: _____

Has your child ever been expelled from school? Yes ___ No ___

If yes, number of expulsions and why: _____

SOCIAL HISTORY

How does your child get along with his/her brothers and/or sisters?

Better than average ___ Average ___ Worse than average ___ Doesn't have any ___

How easily does your child make friends?

Easier than average ___ Average ___ Worse than average ___ Don't know ___

On the average, how long does your child keep friendships?

Less than 6 months ___ 6 months-1 year ___ More than 1 year ___ Don't know ___

FAMILY MEDICAL HISTORY

Place a check next to any illness or condition that any member of the immediate family has had. When you check an item, please note the family member's relationship to the child.

Check	Condition	Relationship to child	Check	Condition	Relationship to child
_____	Depression	_____	_____	Cancer	_____
_____	Anxiety Disorder	_____	_____	Diabetes	_____
_____	ADD/ADHD	_____	_____	Heart trouble	_____
_____	Bipolar Disorder (Manic-Depression)	_____	_____	Alcoholism	_____
_____	Schizophrenia	_____	_____	Drug abuse	_____
_____	Suicide attempt	_____	_____	Sexual abuse	_____
_____	Learning disabilities	_____	_____	Physical abuse	_____
_____	Tics or Tourette's	_____	_____	Other (specify)	_____

OTHER INFORMATION

Have any of the following stress events occurred within the past 12 months?

Parents divorced or separated ___ Family accident or illness ___ Death in the family ___ Parent changed job ___

Changed schools ___ Family moved ___ Family financial problems ___ Other (please specify) _____

What are your child's favorite activities?

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

What activities does your child like least?

- 1. _____ 2. _____ 3. _____

Has your child been in trouble with the law? Yes ___ No ___

If yes, please describe briefly: _____

What disciplinary techniques do you usually use when your child behaves inappropriately? Place a check next to each technique that you usually use. There also is space for writing in any other disciplinary techniques that you use.

Check Disciplinary Technique

- _____ Ignore problem behavior
- _____ Scold child
- _____ Spank child
- _____ Threaten child
- _____ Reason with child
- _____ Redirect child's interest

Check Disciplinary Technique

- _____ Tell child to sit on chair
- _____ Send child to his/her room
- _____ Take away some activity or food
- _____ Other technique (describe): _____
- _____ _____
- _____ Don't use any technique

What disciplinary techniques are usually effective? _____

With what type of problem(s)? _____

Which disciplinary techniques are usually ineffective? _____

With what type of problem(s)? _____

What are your child's assets or strengths? _____

Is there any other information that you think may help me in working with your child? _____