

CHILD DEVELOPMENT QUESTIONNAIRE

GENERAL INFORMATION

Name of Child _____

Age _____ Date of Birth _____ Sex ____ Place of Birth _____

Home Address _____ Home Phone _____

Name of School _____ School Grade _____

School Address _____ Phone # _____

City State Zip
Child's Legal Custodian
Parents _____ Mother _____ Father _____ Other (specify) _____

List all persons with whom the child lives:

Name	Date of Birth	Age	Relationship to Child	Occupation or School Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all immediate family members with whom child does not live:

Name	Age	Relationship to Child	Occupation or School Grade	City of Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARENTAL INFORMATION

	<u>Mother</u>	<u>Father</u>	<u>Other Parental Figure</u>
Name	_____		
Country of Birth (if not U.S.)	_____		
# of brothers/sisters in family	_____		
Religion	_____		
Relationship to Child (natural, step, adoptive)	_____		
Marital Status	_____		
# of previous marriages	_____		
Education (highest level completed)	_____		
If a parent is not living in the same house as the child, describe visitation, if any	_____		

If parents have been separated/divorced, give date of separation	_____		

DEVELOPMENTAL INFORMATION

Pregnancy and Delivery

Was pregnancy planned? No___ Yes___

Any difficulties during pregnancy? No___ Yes___

Any difficulties during delivery? No___ Yes___

Birth Weight_____ Place of Birth_____

Any difficulties for mother after delivery? No___ Yes___

Specify_____

Any complications or illness at time of birth for child? No___ Yes___

Specify_____

Any significant family problems around time of birth? No___ Yes___

Specify_____

Any significant family problems in first two to three years of child's life? No___ Yes___

Specify_____

From birth to three years were any of the following present? Please circle

- 1. Head banging
- 2. Rocking
- 3. Much crying
- 4. Not cuddly
- 5. Temper tantrums
- 6. Convulsions
- 7. Overactive
- 8. Underactive
- 9. Colic
- 10. Allergies
- 11. Other (specify)_____

How would you describe your child during the first three years with regard to:

	Early	average	late	Specify what age
Walking	___	___	___	_____
Toilet training completed	___	___	___	_____
Talking	___	___	___	_____
	Easy	average	difficult	Specify age when difficult
Feeding	___	___	___	_____
Personality	___	___	___	_____
Sleeping	___	___	___	_____

Has your child ever appeared to be different from sisters or brothers? No___ Yes___

Specify how and at what age_____

Was child (0-5 years) placed in day care, nursery school, or with a babysitter? No___ Yes___

Specify at what age_____

Describe circumstances of any separations of child from a significant person lasting more than a month_____

Has your child experienced the death of a significant person? Explain_____

MEDICAL HISTORY

Child's doctor_____Address_____Phone_____

Is your child currently taking medication? No___ Yes___

Specify: Type of medication Dosage Duration Reason

List any serious illnesses, allergies, handicaps, serious accidents or operations of the child and describe circumstances_____

List any relevant serious illness, allergies, handicaps, serious accidents or operations of immediate family members_____

Has anyone in the family received mental health services? Describe_____

Has anyone in the family had a problem with alcohol or substance abuse? Describe_____

SCHOOL AND SOCIAL HISTORY

Describe your child's degree of effort and level of achievement in school_____

How does your child get along with teachers?_____

Name of teacher (if in elementary or preschool) _____

If your child has been seen by any of the following personnel, please give names:

School psychologist _____

School social worker _____

Guidance counselor _____

Other _____

Please enclose copies of psychological assessment reports if available.

How does your child get along with other children at school? _____

Does your child have any difficulties: making friends? No ___ Yes ___ keeping friends? No ___ Yes ___

If yes, what do you think makes it difficult for your child? _____

Who ordinarily disciplines your child? Mother ___ Father ___ Both ___ Other ___ Specify _____

What discipline do you find most effective? _____

Does your child get along better with one parent than with the other? No ___ Yes ___ Explain _____

Name any other adults, outside the family, with whom your child has an important relationship _____

Describe how your children get along with each other _____

What activities does your family enjoy together? _____

Has your child held any job (full-time, summer, part-time)? No___ Yes___

If yes, type and duration of work_____

How long has the child lived at the present residence? Years_____Months_____

Total number of changes of residence for child since birth?

None___ 1-3___ 4-6___ 7-10___ more than 10___

STRENGTHS

What are your child's main strengths and good qualities?_____

What do you like most about your child?_____

If there is anything you consider important that is not covered in this questionnaire, please mention it here.