

Child Developmental History Record

A. Identifications

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

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

Mother's name: _____ Birthdate: _____ Cell: _____

Address: _____

Currently employed: Yes ___ No ___ If Yes, where? _____

Father's name: _____ Birthdate: _____ Cell: _____

Address: _____

Currently employed: Yes ___ No ___ If Yes, where?: _____

Parents are currently: ___ Married ___ Divorced ___ Remarried ___ Never married
___ Other: _____

Child's guardianship/custody is held by: _____

If applicable:

Stepparent's name: _____ Birthdate: _____ Cell: _____

Address: _____

Currently employed: ___ No ___ If Yes, Where? _____

Stepparent's name: _____ Birthdate: _____ Cell: _____

Address: _____

Currently employed: ___ No ___ If Yes, Where? _____

Guardian's name: _____ Birthdate: _____ Cell: _____

Relation: _____ Address: _____

Currently employed: ___ No ___ If Yes, Where? _____

Guardian's name: _____ Birthdate: _____ Cell: _____

Relation: _____ Address: _____

Currently employed: ___ No ___ If Yes, Where? _____

B. Development

Please fill in any information you have on the areas listed below.

Pregnancy and delivery

Prenatal medical illnesses and health care:

Was the child premature? _____ Weight and height at birth: _____

Any birth complications or problems?

The first few months of life:

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

Any allergies?

Sleep patterns or problems:

Personality:

Milestones:

At what age did this child do each of these?

Sat without support: _____

Crawled: _____

Walked without holding on: _____

Helped when being dressed: _____

Ate with a fork: _____

Stayed dry all day: _____

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?

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?
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D. Residences

Homes

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

Ever Homeless: Yes No *If Yes, when was the last time* _____

Residential placements, institutional placements, or foster care

Dates From/To Program name or location Reason for placement Problems?

E. Schools

School (name & district)

Grade

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?
