

Child Developmental History

STRENGTH OF MIND

Information provided by the parent is critical in conducting a comprehensive assessment of your child. All information you share is considered confidential. Please complete this form and bring to your initial appointment.

Child's legal name:				
School:			District:	
Gender: M	F	Birthdate	Current Age	Grade

Race: (circle)

African American	Caucasian	America Indian	Hispanic	Asia	Other:
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Mother:	Occupation:
Father:	Occupation:
Home Address:	City: Zip:
Home Phone	Work phone:

Child currently lives with:

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step Mother
<input type="checkbox"/> Step Father	<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> Legal Guardians
<input type="checkbox"/> Grandparents	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Affidavit of self support

Custody Arrangements (if applicable) _____

REASON FOR REFERRAL:

FAMILY STRESSORS:

Recent parent separation	Divorce	Change in residence
Financial changes	Unemployment	Change in jobs
Death of friend/family member	Serious illness in family	Conflict in discipline styles
Change in family structure	Substance abuse	Incarceration

GENETIC HISTORY:

MOTHER'S SIDE

FATHER'S SIDE

Learning problems	Learning problems
Speech/Language problems	Speech/Language problems
Mental Retardation/Intellectual Deficit	Mental Retardation/Intellectual Deficit
Seizures/ Epilepsy	Seizures/ Epilepsy
Attention Deficit Hyperactivity Disorder	Attention Deficit Hyperactivity Disorder
Anxiety	Anxiety
Obsessive Compulsive Disorder	Obsessive Compulsive Disorder
Depression	Depression
Unreasonable fears/phobias	Unreasonable fears/phobias
Autism Spectrum Disorder	Autism Spectrum Disorder
Alcoholism	Alcoholism
Bipolar Disorder	Bipolar Disorder
Schizophrenia/psychotic disorders	Schizophrenia/psychotic disorders
Personality Disorders	Personality Disorders
Sleep Disorder	Sleep Disorder
Eating Disorder	Eating Disorder

PREGNANCY HISTORY

How many weeks did pregnancy last (normal 38-42 weeks)?	weeks		
During pregnancy, did the mother use:			
Alcohol	Yes	no	
Tobacco	Yes	No	
Prescription drugs: Specify:	Yes	No	
Marijuana or non-prescribed drugs	Yes	No	
Did the mother experience serious illness?	Yes	No	
Did the mother experience a trauma or accident?	Yes	No	

BIRTH HISTORY

Birth Weight:	Length of labor	Apgar Score:
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Delivery:

Normal	Induced	Breeched	Emergency caesarean	Scheduled caesarean
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Baby's condition at birth:

Normal	Jaundiced	Respiratory distress	Feeding problems	ICU required
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MEDICAL HISTORY

Allergies	Inflexible-explosive behavior	Irritable Bowel Syndrome
Diabetes	ADHD	Digestive Problems
Eating problems	Sleep problems	Bladder infections
Frequent colds	Respiratory problems	Pneumonia
Colic	Weight problems	High fevers
Chronic ear infections	Mumps/measles	Strep infections
Broken bones	Lead/toxic poisoning	Low energy/fatigue
asthma	Heart condition	Emotional problems

Does your child require any of the following in school or home setting:

Corrective glasses	Hearing aids	Assistive devices
Orthopedic devices	Wheelchair	Special transportation
Prosthesis	Interpreter	School health plan
Brailed materials	Auditory trainer	Communication devices
Adaptive furniture	Breathing apparatus	Feeding assistance
Toileting assistance	Suctioning	Catheterization
Special diet	Modified school day	Behavior plan

NEUROLOGICAL HISTORY

Birth injury	Spinal cord injury	Genetic disorder
Developmental disorder	Brain tumor	Metabolic disorder
Seizures	Tuberous sclerosis	Endocrine disorder
Meningitis	Cerebral palsy	Encephalopathy
Encephalitis	Skull fracture/concussion	Hydrocephalus
Traumatic brain injury	Headaches/migraines	

Medical Problems	
Hospitalizations	
Surgeries	

MEDICATIONS

NAME	DOSAGE	PURPOSE	SIDE EFFECTS

DEVELOPMENTAL HISTORY

Below average Average Above Average

Rolled over	(2-5 months)			
Sat alone	(5-8 months)			
Crawled	(7-8 months)			
Walked alone	(11-14 months)			
First words	(9-13 months)			
Phrases/sentences	(15-18 months)			
Toilet trained	(24-36 months)			
Rode tricycle	(21-36 months)			
Dressed self Independently	(36-42 months)			

Did your child demonstrate any of these behaviors during first five years of life:

Poor weight gain	Yes	No
Disrupted sleep	Yes	No
Difficult to calm/pacify	Yes	No
Did not like to be held	Yes	No
Irritable/ easily agitated	Yes	No
Clumsy/uncoordinated	Yes	No
Poor eye contact	Yes	No
Stared at or avoided looking at others	Yes	No
Rocked, spinned or head banged	Yes	No
Walked on tiptoes or flapped hands	Yes	No
Displayed unusual play behaviors	Yes	No
Had difficulty interacting/playing with peers	Yes	No
Picky eater	Yes	No
Slow to use words and talk in sentences	Yes	No
Delayed in pronouncing words correctly/difficulty to understand	Yes	No
Loss of abilities/regression of skills	Yes	No
Overly sensitive to sounds, sights, touch, taste, textures	Yes	No
Resistant to changes in environment or routine	Yes	No
Difficult to discipline	Yes	No
Demonstrated emotional meltdowns	Yes	No
Engaged in obsessive, ritualistic behaviors	Yes	No
Multiple changes in caregivers		

BEHAVIOR HISTORY

Is your child **currently** exhibiting any of these behaviors which are causing distress to child or parent:

High activity level	Sets fires
Impulsivity –poor self control	Destroys property
Low frustration tolerance	Explosive-inflexible behaviors
Interrupts others	Withdrawn- lonely
Poor attention span	Nightmares – night terrors
Distractible- easily drawn off task	Runs away –chronic curfew issues
Swears- uses profanity	Uses alcohol
Aggressive	Uses drugs
Tantrums	Has suicidal thoughts
Heedless to danger	Anxious, excessive worry
Has unusual visual or auditory perceptions	Socially awkward
Disorganized	Problems understanding jokes
Accident prone	Problems expressing thoughts
Motor or verbal tics	Difficult to discipline
Sleep disturbances	Does not learn from consequences
Eating disturbances	Disorganized thoughts
Clumsy- uncoordinated	Engages in repetitive behaviors
Wets bed at night	Poor awareness of time
Soils	Asocial
Difficulty keeping friends	Difficult expressing emotions
Sensitive to sounds, sights, taste, textures	Avoids conflict
Inappropriate sexual behaviors	Intense dislike for change
Injures self	Oppositional - argumentative
Steals	Easily bored -dissatisfied
Hordes	Persistent physical complaints
Cruel to animals	Weight changes
Truant	Low energy, easily fatigued
Rapid, abrupt mood swings	Bites nails, picks skin, chews clothes
Has fears/panic attacks	Shy, timid, easily embarrassed
Sad - depressed	Fearful of being judge- criticized
Has compulsive behaviors	Difficulty expressing empathy for others
Expresses bizarre, delusional thoughts	Forgetful
Procrastinates, fails to finish tasks	Overwhelmed
Rages with little provocation	Racing thoughts
Grandiose thoughts – inflated esteem	Hostile, defiant behaviors
Bullies, threatens others	Poor personal hygiene

SCHOOL HISTORY

Check all that apply to your child:

	Received services through Sooner Start
	Attend Head Start Program
	Received speech/language therapy through Sooner Start, Headstart, private agency
	Repeated a school grade: what grade?
	Attended summer school
	Participated in remedial math or reading programs
	Has been suspended from school
	Participated or participates in advanced classes or gifted education programs
	Participated or participates in special education: Identify Disability:
	Participated in counseling/therapy: Identify agency:
	Has previously been evaluated: Identify agency/district:
	Currently receives Occupational therapy
	Currently receives Physical therapy
	Currently receives Speech/Language therapy
	List all schools our child has attended:

What are your child's strengths and accomplishments: _____

Parent signature

date

CONNERS COMPREHENSIVE BEHAVIOR RATING SCALE FOR PARENTS

CHILD _____ BIRTHDATE _____

Please rank each statement to describe your child's behavior within the past three months:

0= Not true at all; never 1= Just a little; occasionally 2= pretty much true; often 3= very much true; very frequent

1	Is forgetful in daily activities
2	Uses facial expression, eye contact and hand gestures appropriately
3	Is picked on or bullied by others
4	Has trouble concentrating
5	Has trouble controlling anger
6	Feels worthless
7	Muscles get tense when worried about something
8	Fails to complete schoolwork, chores or tasks
9	Pulls out hair from scalp, eyelashes causing a bald patch
10	Has run away from home for at least one night
11	Refuses to do thing if they cannot be done perfectly
12	Doesn't pay attention to details; makes careless mistakes
13	Doesn't care about the feelings or rights of others
14	Mixes up letters in spelling
15	Has made plans to hurt others
16	Is constantly moving
17	I cannot figure out what makes him/her happy
18	Makes threats towards others, but does not follow through
19	Blurts out answers before the question has been completed
20	Is happy, cheerful, and has a positive attitude
21	Feels rejected
22	Panics about social situations or when doing things in front of people
23	Has trouble organizing task or activities
24	Has a poor appetite
25	Sleeps much less than he/she used to, but does not seem tired
26	Has trouble reading
27	Tells the truth; does not even tell 'little white lies'
28	Leaves seat when he/she should stay seated
29	Suddenly complains of breathing or hart problems when in a panic
30	Hurts self (cuts, picks at skin, bangs head)
31	Worries about something bad happening to family
32	Runs or climbs when he/she is not suppose to
33	Complains about aches and pains
34	Excluded others from group activities on purpose
35	Is agitated in the restless sense
36	Drinks alcoholic beverages
37	Cannot do things right
38	Is patient and content, even when waiting in a long time

39	Has broken into someone else's house, building, car
	0 = Not true at all; never 1 = Just a little; occasionally 2 = pretty much true; often 3 = very much true; very frequent
40	Has trouble sequencing the steps in math (carrying or borrowing)
41	Is afraid of being alone without family or other familiar adults
42	Appears 'on edge', nervous or jumpy
43	Appetite or weight has changed a lot
44	Refused to go to school or other places for fear of being separated from family
45	Loses temper
46	Can not seem to stop making repeated sounds (sniffing, snorting, throat clearing)
47	Gets others to gang up on peers
48	Unusual use of language (repeats things, sounds like a robot, high pitched voice, uses made-up words)
49	Has lost the ability to think, concentrate or make decisions
50	Gets worn out with worrying
51	Makes threats and follows through by hurting others
52	Has to struggle to complete hard tasks
53	Has lost interest or pleasure in activities
54	Tries to get even with people
55	Was a late talker
56	Cries, throws tantrums, avoids or freezes in social situations with unfamiliar people
57	Makes sudden facial or body twitches (eye blinking, head jerking, shoulder shrugging)
58	Is afraid of being alone
59	Sleeps too much
60	Complains about stomach aches
61	Is shy and withdrawn
62	Lacks varied, spontaneous make-believe play
63	Worries about what others think of her/him
64	Is unable to develop peer relationships
65	Does not follow through on instructions
66	Can pronounce words but has difficulty understanding what they mean
67	Has thought or rituals that he/she knows are unreasonable or excessive
68	Worries about many things
69	Starts fights with others on purpose
70	Argues with adults
71	Has periods of fast, non-stop speech
72	Seeks danger, risks and thrills
73	Seems lonely
74	Thinks he/she is better than everyone and can do anything
75	Threatens others
76	Is worried or distressed about being separated from caregivers
77	Is interested in other people, or in what they are doing
78	Prefers to be left alone rather than being with other people
79	Is afraid of one or more specific objects or situations (animals, insects, blood, doctor, storms, heights, water or places)
80	Has toileting accidents or problems
81	Has nightmares about being separated from family

82	Is angry and resentful
	0= Not true at all; never 1= Just a little; occasionally 2= pretty much true; often 3= very much true; very frequent
83	Avoids or dislikes things that take a lot of effort and are not fun
84	Has upsetting thoughts, urges, mental pictures that he/she tries to make go away
85	Does not recognize or react appropriately to other people's moods or feelings
86	Does not seem to listen to what is being said to him/her
87	Attention too easily drawn to unimportant or irrelevant things
88	Worries about getting lost or being kidnapped
89	Restless or overactive
90	Has intentionally set fires for the purpose of causing damage
91	Has shown an unusual increase in social, school, or sexual activities
92	Avoids or becomes distressed about doing things in front of people
93	Suddenly gets dizzy, shaky or sweaty when in a panic
94	Is sad, gloomy or irritable for many days at time
95	Eats too much
96	Loses things (school work, pencils, books, tools, toys, clothing)
97	Has rituals or routines and gets unusually upset if these are interrupted or changed
98	Has forced someone into sexual activity
99	Has difficulty waiting for his/her turn
100	Forgets math concepts already learned
101	Gets into trouble at school
102	Has trouble identifying the main idea of a story he/she has read
103	Seems physically slowed down
104	Talks too much
105	Is fun to be around
106	Carries a weapon (bat, bottle, knife, gun, box cutter)
107	Skips classes
108	Is irritable and easily annoyed by others
109	Says thoughts are racing or coming too fast
110	Wakes up during the night, has trouble falling back to sleep
111	Seems abnormally happy for at least one week
112	Has trouble with math
113	Complains about being sick even when nothing medically is wrong
114	Is socially awkward
115	Seems over-focused on details
116	Steals while confronting a person (mugging, purse snatching, robbery)
117	Fidgets or squirms in seat
118	Picks on other children
119	Worries do much that he/she has trouble sleeping
120	Steals secretly (shoplifting, forgery)
121	Spends too much time arranging and organizing materials before beginning a task
122	Uses a weapon
123	Behaves like an angel
124	Feels inappropriately guilty
125	Feels helpless

126	Has trouble falling asleep
	0= Not true at all; never 1= Just a little; occasionally 2= pretty much true; often 3= very much true; very frequent
127	Actively refuses to do what adults tell him/her to do
128	Spelling is poor
129	Complains about headaches
130	Performs poorly at school
131	Uses drugs (other than prescribed)
132	Belongs to or wants to belong to street gang
133	Is difficult to please or amuse
134	Blames others for his/her mistakes and misbehavior
135	Worries about things before they happen
136	Has trouble keeping his/her mind on work or play for long period
137	Seems hopeless about the future
138	Has talked about, tried or planned to commit suicide
139	Feels disrespected
140	Is violent and aggressive towards others
141	Suddenly gets stomach aches or feels sick when in a panic
142	Has a lot of fears
143	Has limited interests or get stuck on one thing
144	Physically hurts people
145	Makes mistakes
146	Needs extra explanation of instructions
147	Goes out at night even though it breaks the rules
148	Is noisy and loud when playing or using free time
149	Lies to avoid having to do something or to get things
150	Is perfect in every way
151	Knows that other kids don't worry as much about social situations
152	Has trouble with basic math facts
153	Has trouble controlling his/her worries
154	Is easily distracted by sights or sounds
155	Spreads rumors about other children
156	Has trouble starting a conversation or keeping a conversation going
157	Insists that things must be done the same way
158	Has trouble finding the right words to use
159	Gets stuck on thoughts, urges or mental pictures that are upsetting
160	Is afraid to go to sleep without a family member nearby
161	Is cruel to animals
162	Takes a long time to complete class work or homework
163	Annoys other people on purpose
164	Is over-focused or over-interested in one part of an object or toy
165	Uses tobacco
166	Has periods of irritability lasting at least one week
167	Has trouble answering questions about what he/she reads
168	Has repeated thoughts of death or dying
169	Interrupts others (butts into conversations or games)

170	Is very interested in weapons
	0 = Not true at all; never 1 = Just a little; occasionally 2 = pretty much true; often 3 = very much true; very frequent
171	Seems tired; has low energy
172	Has trouble understanding what is said
173	Has trouble combining words into phrases or sentences
174	Sets goals for him/herself that are too high
175	Does things over and over again to reduce anxiety, but in an unrealistic, excessive way
176	Avoids social situations or becomes distressed when required to participate
177	Bullies, threatens or scares others
178	Does things over and over again (washing hands, double checking, counting)
179	Intentionally damages or destroys things that belong to others
180	Acts as if driven by a motor
181	Wakes up too early
182	Uses household materials to get high (glue, paint)
183	Creates thoughts or pictures that get stuck in his/her mind
184	Complains of aches and pains when worried about being separated from family
185	Worries about things that are not real-life problems
186	Shares feelings, interests or achievement with others
187	Fears being embarrassed or humiliated in front of peers
188	Repeats body movements over and over (rocking, spinning, hand flapping)
189	Has been exposed to an accident, extreme violence, trauma, abuse or neglect)
190	Is overly concerned about cleanliness
191	Confuses math signs
192	Has fears of losing control or going crazy
193	Is hard to motivate (even with rewards)
194	Eats non-food items
195	Gets into trouble with police
196	Becomes irritable when anxious
197	Eats too little
198	Seeks pleasure without caring about what bad things could happen
199	Your child's problems seriously affect school work or grades
200	Your child's problems seriously affect friendships and relationships
201	Your child's problems seriously affect home life.

Parent signature

Date

AMEN'S ADD SUBTYPE CHECKLIST

CHILD: _____ BIRTHDATE: _____

0= NEVER 1= RARELY 2=SOMETIMES 3=OFTEN 4=MOSTLY ALWAYS

1	Is easily distracted
2	Has difficulty sustaining attention span for most task
3	Has trouble listening when others are talking
4	Has difficulty following through on tasks; procrastinates
5	Has difficulty keeping an organized area (room, desk, book bag, locker)
6	Has trouble with time: waits until the last minute, tasks take longer than expected
7	Tendency to lose things
8	Makes careless mistakes; poor attention to details
9	Is forgetful
10	Engages in excessive daydreaming
11	Complains of being bored
12	Appears apathetic or unmotivated
13	Is tired, sluggish or slow moving
14	Appears spacey or seems preoccupied
15	Is restless or hyperactive
16	Has trouble sitting still
17	Is fidgety; constant motion of hands, feet, body
18	Is noisy, hard time being quiet
19	Acts as if 'driven by a motor'
20	Talks excessively
21	Is impulsive; doesn't think through actions
22	Has difficulty awaiting turns
23	Interrupts or intrudes on others; butts into conversations or games
24	Shows excessive or senseless worrying
25	Is super organized
26	Is oppositional, argumentative
27	Has a strong tendency to get locked into negative thoughts; repeated thoughts
28	Has tendency toward compulsive behaviors
29	Displays an intense dislike for change
30	Has tendency to hold grudges
31	Has trouble shifting attention from one subject to another
32	Has difficulties seeing options to situations; black-white thinking
33	Has tendency to hold onto own opinion and not listen to others; rigid thinking
34	Tendency to get locked into a course of action, whether results will be good or not
35	Needs to have things done a certain way or becomes very upset
36	Others complain that the child worries too much
37	Has periods of quick temper or rages with little provocation
38	Misinterprets comments as negatively when they are not
39	Irritability tends to build, then explode, then recede; often tired after a rage
40	Has periods of spaciness or confusion
41	Has periods of panic or fear for no specific reason
42	Has visual illusions/perceptions; seeing shadows, object changing shape
43	Frequent periods of de ja vu; feelings of being somewhere when you have not
44	Shows over sensitivity or mild paranoia

		0= NEVER 1= RARELY 2=SOMETIMES 3=OFTEN 4=MOSTLY ALWAYS
	45	Has headaches or stomach aches of uncertain origin
	46	History of head injury or family history of violence, explosiveness, abuse
	47	Has dark thoughts of suicide, harming others, violent themes
	48	Has periods of forgetfulness or memory problems
	49	Has a short fuse or periods of extreme irritability
	50	Appears moody
	51	Appears negative in thoughts, ideas, beliefs
	52	Has low energy
	53	Appears annoyed and irritated
	54	Has tendency to be socially isolated
	55	Expresses feelings of hopelessness, helplessness or excessive guilt
	56	Lost interest in engaging in fun activities
	57	Sleep patterns have changed: too much or too little
	58	Displays chronically low self esteem
	59	Is easily angered and aggressive
	60	Is sensitive to noise, light, clothing or touch
	61	Is inflexible and rigid in thinking
	62	Demands to have their own way; even when told NO multiple times
	63	Has periods of mean, nasty, insensitive behaviors to others
	64	Has periods of increased talkativeness
	65	Has periods of increased impulsivity
	66	Displays unpredictable behaviors
	67	Displays grandiose or 'larger than life' thinking
	68	Talks fast
	69	Appears to have racing thoughts
	70	Appears anxious or fearful
	71	Has frequent or cyclic mood changes from very sad/mad to very goofy/happy

Parent or teacher signature

Date