

DEVELOPMENTAL HISTORY

To be completed on all children 17 years old and younger

Name of Child: _____ DOB: _____ ID# _____

Informant: _____ Relationship: _____

Mother's health during pregnancy: Good Fair Poor

Any illness/complications during pregnancy? (ex: R.H. neg. toxemia, diabetes)

Any substance abuse before or during pregnancy? (specify)

Delivery:

Length of Pregnancy (in months): _____ Hours in Labor _____ Birth Weight: _____

Type of delivery: Vaginal Cesarean

Complications (if any)

Child's condition after birth

Early Development:

Age first walked: _____ Difficulties?

Age when first word spoken _____ Difficulties?

Age when Sentences Formulated _____ Difficulties?

Age toilet trained _____ Difficulties?

Any unusual childhood illnesses?

Child raised by parents? YES NO specify _____

Any child care arrangements?
Ex: babysitter, daycare

Any childcare difficulties?

Any long separation from the primary care giver?

Any social/behavioral problems? (specify)

Describe child's temperament?