

Child Developmental History Record

A. Identifications

1. Child's name: _____ Birthdate: _____ Age: _____
Person(s) completing this form: _____ Today's date: _____

2. Mother's name: _____ Birth date: _____ Phone: _____
Address: _____
Currently employed: ☐ No ☐ Yes, at: _____ Work phone: _____

3. Father's name: _____ Birthdate: _____ Phone: _____
Address: _____

Currently employed: ☐ No ☐ Yes, at: _____ Work phone: _____

4. Parents are currently ☐ Married ☐ Divorced ☐ Remarried ☐ Never married ☐ _____
Child's legal custodian/guardian: _____

5. Stepparent's name: _____ Birth date: _____ Phone: _____
Address: _____
Currently employed: ☐ No ☐ Yes, as: _____ Work phone: _____

6. Other family members in home?

B. Development

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

1. Pregnancy and delivery

Prenatal medical illnesses and health care:

Was the child premature? ☐ No ☐ Yes. Weight/ height at birth: _____ Lbs. _____ Inches _____
Any birth complications or problems?

2. The first few months of life

Any allergies?

Sleep patterns or problems:

Personality:

3. Milestones: At what age did this child do each of these?

Sat without support: _____ Crawled: _____ Walked without holding on: _____

Helped when being dressed: _____ Tied shoelaces: _____ Buttoned buttons: _____

Ate with a fork: _____ Stayed dry all day: _____ Didn't soil his or her pants: _____

Stayed dry all night: _____

4. 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?

D. Residences

1. Homes

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

2. Residential placements, institutional placements, or foster care

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

E. Schools

School (name, district, address, phone) Grade, Teacher

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? _____
