



Winning At Home

CHILD ASSESSMENT FORM

Developmental/Social History Questionnaire

Child's Name: _____ Age: _____

DOB: _____

School: _____ Grade: _____

Grades Retained: _____

Child currently lives with:

Form completed by: _____

Relationship: _____

Family Members

| Relationship | Name | Age / Sex | Occupation/ School Grade | Living in the Home? Y / N |
|--------------|------|-----------|-----------------------------|------------------------------|
| Parent 1 | | | | |
| Stepparent | | | | |
| Parent 2 | | | | |
| Stepparent | | | | |
| Sibling | | | | |
| Sibling | | | | |
| Sibling | | | | |
| Sibling | | | | |
| Sibling | | | | |
| Sibling | | | | |

Other Adults Currently Living in the Home:

Name: _____ Age: _____

Relationship: _____

Name: _____ Age: _____

Relationship: _____

If parents are separated or divorced, please describe visitation or co-parenting schedule: _____

Describe any significant conflicts between the parents:

Reasons child is being referred for counseling:

Any previous counseling (dates/therapist name):

Developmental History

Mother's Pregnancy:

Illness or Complications? Yes No

Did the mother (during pregnancy):

Smoke? Yes No

Use Alcohol/Drugs? Yes No

Take Medications? Yes No

C-section? Yes No

Premature Delivery? Yes No

If so, gestational age at delivery: _____

Length of hospitalization after delivery: _____

Was any of the following present during child's early childhood? Please check the appropriate boxes:

_____ Did not enjoy cuddling

_____ Difficult to comfort

_____ Irritability

_____ Eating Difficulties

_____ Head Banging

_____ Seizures

_____ Demanding/Clingy

_____ Developmental delays

_____ Excessive Sleep

_____ Difficulty Sleeping

_____ Ear infections

_____ Colic

Was the child adopted? _____ If yes, at what age? _____

From what country? _____

Please list what is known about care received before adoption?

Major history of learning or behavior problems at home or school?

Medical History

Any Childhood Illnesses?

Please list: _____

Hospitalizations/Operations?

Head Injuries? _____

Eye Problems? _____

Allergies? _____

Present Medical

Conditions/Concerns: _____

Current Medications: _____

Reason(s): _____

Doctor Prescribing: _____

Phone #: _____

Current Concerns

Please check any of the following that are concerns for your child:

_____ Reading _____ Handwriting _____ Does not Listen

_____ Destroys Property _____ Bedwetting _____ Forgets Easily

_____ School Phobia _____ Comprehension _____ Poor Hygiene

_____ Distractibility _____ Easily Frustrated _____ Soils Pants

_____ Math _____ Tantrums _____ Drug/Alcohol Use

_____ Poor Peer Relations _____ Aggressive _____ Talks Excessively

_____ Disorganized _____ Frequent Accidents _____ Mood Changes

_____ Poor Response to Discipline

Type of discipline you use:

Child's response to discipline:

Child's interests/talents:

Recent losses or changes in home:

Family history of drugs/alcohol/mental illness (describe)?

Any other information you feel would be helpful:

Parent Observations and Symptom Check List

Child's name: _____ Age: _____

Parent's name: _____ Date: _____

| Behavior | None | Mild | Moderate | Severe |
|---|-------------|-------------|-----------------|---------------|
| Poor impulse control | | | | |
| Aggression toward others (physical/verbal) | | | | |
| Inappropriately demanding and clingy | | | | |
| Deceitful (lying, conning) behavior | | | | |
| Sleep disturbances | | | | |
| Hyperactivity | | | | |
| Persistent nonsense questions, incessant chatter | | | | |
| Difficulty with novelty and change | | | | |
| Perceives self as victim (helpless) | | | | |
| Intense displays of anger (rages that can't be soothed) | | | | |
| Frequently sad, depressed, hopeless | | | | |
| Extreme mood changes | | | | |
| Lack of eye contact | | | | |
| Cannot tolerate limits and external control | | | | |
| Lacks trust in others | | | | |
| Manipulative, controlling, bossy | | | | |
| Lack of remorse or conscience | | | | |
| Does not like to be touched | | | | |

| | | | | |
|---|-------------|-------------|-----------------|---------------|
| Accident prone | | | | |
| Behavior | None | Mild | Moderate | Severe |
| Poor hygiene | | | | |
| Victimizes others (bully), seeks revenge | | | | |
| Blames others for own mistakes or problems | | | | |
| No stable peer relationships | | | | |
| Indiscriminately affectionate with strangers | | | | |
| Poor self-esteem | | | | |
| Does not seem to listen when spoken to directly | | | | |
| Victimized by others | | | | |
| Learning disorders/problems in school | | | | |
| Lack of cause and effect thinking | | | | |
| Cruelty to animals | | | | |
| Inappropriate sexual conduct and attitudes | | | | |
| Pre-occupation or obsessions with an object | | | | |
| Frequently defies rules (oppositional) | | | | |
| Abnormal eating habits | | | | |
| Destruction of property | | | | |
| Consistently irresponsible | | | | |
| Stealing | | | | |
| Unusually fearful | | | | |
| Grandiose sense of self-importance/entitlement | | | | |
| Poor organization and planning skills | | | | |