Child Development Inventory

The information requested below should be completed by the parent(s)/ guardians and returned at the child's first session. The information requested is confidential and will not be released without parent or guardian authorization. This form is intended to provide information about the child's growth and development that will be useful to the therapist. Many things contribute to a child's growth, success in school and becoming a confident individual. Please answer all questions as accurately and as fully as possible (all information is strictly voluntary). If you prefer to discuss any questions rather than writing an answer, please let your child's therapist know.

Date_____ Person completing form: _____
Relationship: _____

Identifying Information

Child's complete name: _____ Date of Birth: ___/____/_____
Birthplace: _____

Home Background

Father's full name: _____ Email: _____

Permission to send confidential information to the above email address? ___Yes ___ No

Cell Phone #:_____ Texting: Yes /No Home/work phone # : _____

Dad's Preferred form of contact: Email/ Call/ Text

Mother's full name: _____ Email: _____

Permission to send confidential information to the above email address? ____Yes ____ No

Cell Phone #: _____Texting: Yes /No Home/work phone # : _____

Mom's Preferred form of contact: Email/ Call/ Text

What is the primary language spoken in the home? _____

Other languages used frequently around your child? _____

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Health/Developmental History

Explain any complications with pregnancy. Was your child born full term or pre-mature? If premature, how many weeks?

_____

_____

Infancy Concerns: _____ Allergies (please list on back) _____ Frequent crying _____ Poor sleep habits _____ Eating concerns _____Responsiveness (alertness)

Describe: _____

_____

_____

Has your child met developmental milestones within the appropriate ranges of times (i.e.: rolling over, sitting up, crawling, walking, talking, potty training, etc.)? _____

_____

Please list any childhood diseases/serious injuries and/or hospitalizations:

Childhood diseases/Serious injuries/illnesses	Age:	Treatment – completed/ongoing

Physical disabilities that might interfere with learning/playing/etc.: _____

_____

Speaking difficulties (such as mispronouncing of words, specific letters sounds, stuttering):

_____

Hearing Concerns: _____ **Vision Concerns:** _____

Unusual Spells	_____ Now	_____ Past	Upset Stomach	_____ Now	_____ Past
Soiling pants	_____ Now	_____ Past	Bedwetting	_____ Now	_____ Past
Seizures	_____ Now	_____ Past	Nightmares	_____ Now	_____ Past

Current medication your child is taking now: _____

In the past: _____

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Current Medical Dr.: _____
Psychiatrist: _____

Describe your child's early personality and parent(s) relationship with child during this period (birth to age 5):

_____
_____
_____

When the child was an infant, how easy a baby was (s)he?
Very easy _____ Easy _____ Average _____ Difficult _____ Very Difficult _____

When (s)he wanted something, how demanding was (s)he? Very demanding _____
Pretty demanding ____ Average ____ Not very demanding ___ Not at all demanding _____

How would you rate the activity level of the child as an infant/ toddler?
Very active _____ Active _____ Average _____ Less active _____ Not active _____

Was there anything unusual about the child's development? _____
_____

Has your child experienced any unusual behavioral or personality changes? _____
_____

Has your child ever received previous counseling or therapy? When (age of child and month/year):_____
Where: _____ By whom: _____How long did it last: _____

Is the child receiving any form of therapy at this time? _____ When did they begin? _____
Where: _____ By whom: _____ Do you plan to continue it?: _____

Has the family ever received family therapy? If so, when (month/year) _____

Where: _____ By whom: _____ How long did it last: _____

What was most helpful? _____

What did not work well with previous therapy? _____

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School History

At what age did your child first attend school (including nursery school)? _____

What was his/her reaction to starting school? _____

Programs attended:

_____ Full time childcare _____ Mother's Day Out _____ Preschool _____Kindergarten

Please summarize the child's academic and social progress within each of these grade levels:

Preschool	
Kindergarten	
Grades 1 through 3	
Grades 4 through 6	
Grades 7 through 12	

Has the child changed schools? Yes/No What grade/age? _____

Reason/s _____ Was it an easy transition for the child? _____

What do you feel your child's reaction to school is now? _____

_____

What was your child's relationship to his/her teachers? _____

_____

List specific successes your child has had in school (for example: grades, attendance, learning, behavior, etc.): _____

_____

Has your child ever been in any special education program, and if so, how long:

Learning disabilities class: _____ Speech/language therapy: _____

Special tutoring: _____ School counseling: _____

Other: _____ Behavior/Emotional Disorders: _____

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Has the child ever been:

Suspended from school? Yes __ No __ Number of suspensions? ____
Expelled from school? Yes __No __ Number of expulsions? _____
Retained in a grade? Yes __No __ Which grade(s)? ____
Number of retentions: _____

Subject with highest grade: _____ Subject with lowest grade: _____

School activities the child enjoys most: _____ Least: _____

List any special problems you feel your child may be having in school (for example, grades, attendance, learning, behavior, etc.): _____
_____
_____

What do you feel is the cause? _____
_____

How long has this been evident? _____

What do you feel will help your child? _____
_____

Academic strengths: _____

Additional Comments?

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Social and Emotional Behaviors

Is the child active in any children's groups?
_____ Scouting
_____ Religious groups
_____ Team Sports (baseball, soccer, cheerleading, etc.)
_____ Community Activities
_____ Other
Does your child seem to genuinely enjoy these activities? _____

What are the child's major interests right now? Circle all that apply and give brief details below of any area of concern, pride, obsession…

Listening to music	Creating music	Watching TV	Reading
Telling stories	Collecting things	Building/making things	Drawing/coloring
Movies	Playing with friends	Playing with siblings	Playing alone
Pets	Other		

_____
_____
Give details about types of Music/TV shows/Reading your child enjoys _____

Hobbies: _____

How would you describe your child at present? _____
_____
List your child's skills and strengths? _____
_____
What are your child's weaknesses? _____
_____
How does your child relate to peers at home and in the neighborhood? _____
_____
How does your child relate to peers at school? _____
_____
Does (s)he prefer children his/her own age (Yes or No) _____, own sex, _____, older peers _____ younger peers ____, prefers to be alone _____, functions well in group situations _____?
How easily does the child make friends? Easier than average _____ Average _____
Worse than average _____ Don't know _____
On average, how long does your child keep friendships (please check one)? Less than 6 mo. _____ 6 months – 1 year _____ More than 1 year _____ Don't know _____

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How would you describe your child's self-image?

_____

_____

Are any of the following considered to be a significant problem at this time? Please check:

Fidgets	_____	Difficulty sustaining attention	_____
Difficulty remaining seated	_____	Shifts from one activity to another	_____
Easily distracted	_____	Difficulty playing quietly	_____
Difficulty waiting turn	_____	Often talks excessively	_____
Often blurts out answer before		Often interrupts or intrudes	_____
Questions have been answered	_____	Often engages in physically	
Difficulty following instructions	_____	dangerous activities	_____

When did these problems begin (specify age)? _____

_____

Are any of the following considered to be a significant problem at the present time? Please check:

Often loses temper	_____	Is often touch or easily annoyed	_____
Often argues with adults	_____	Is often angry or resentful	_____
Often actively defies or		Is often spiteful or vindictive	_____
Or refuses adult requests	_____	Often swears or uses obscene	
Often blames other for own		language	_____
Mistakes	_____		

When did these problems begin (specify age)? _____

_____

Additional Comments:

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Family Relationships

List child's brothers (last name if different from child)	Age	School level completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

List child's sisters (last name if different from child)	Age	School level completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Others who live with the family	Age	Relationship
_____	_____	_____
_____	_____	_____

In the child's lifetime:

Anyone else who has lived with the family	Age	Relationship	Date person moved out
_____	_____	_____	_____
_____	_____	_____	_____

Who resides with the child at this time?

_____Both Birth Parent(s)
_____ Foster Parent (s)
_____ Birth Father Only
_____ Birth Father & Stepmother
_____ Other (Give Details)
_____ Adoptive Parent (s)
_____ Birth Mother Only
_____ Birth Mother & Stepfather
_____ Relatives (list names and relationships)

If either/both parents are deceased, how old was the child at the time of death(s)?

_____

How does your child get along with family members? _____

_____

Describe the child's relationship with his/her mother _____

_____

Describe the child's relationship with his/her father _____

_____

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Name persons outside the home who are of special importance to your child and family. Where do they reside?

_____

What activities does your family do together?

_____

Has your child experienced any significant trauma (for example, separations of any kind, serious injuries, death, family crisis, divorce, abuse or neglect, etc.)? Please specify dates:

_____

_____

Have any of the following stressful events occurred within the past 12 months?

Parents divorced or separated	_____	Family financial problems	_____
Family accident or illness	_____	Physical/ sexual abuse	_____
Death in family	_____	Family moved	_____

Other (please explain): _____

_____

Please give a complete list of addresses where the child has lived in his/her lifetime:

Moved From	Moved To	Child's Age and School Grade	Month/Year

How do you discipline your child? Is it effective? _____

_____

Who disciplines? _____

Are there any conflicts over discipline? Explain: _____

_____

How does your child react to discipline? _____

_____

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Please check if any of the following apply to the child or other family:

	Child	Mother	Father	Brother	Sister	Other
Problems with aggressiveness, defiance & oppositional behavior as a child						
Problems with attention, activity & impulse control as a child						
Learning disabilities						
Failed to graduate from high school						
Mental retardation						
Depression greater than 2 weeks						
Tics or Tourette's						
Alcohol Abuse						
Substance Abuse						
Antisocial behavior (assault, threats, etc)						
Psychosis or schizophrenia						

Check any of the following that describe the child's behaviors:

- ❑ Talks Constantly
- ❑ Talks only when needed
- ❑ Never talks to others
- ❑ Seldom completes tasks
- ❑ Finishes tasks
- ❑ Dislikes meals
- ❑ Enjoys meals
- ❑ Concerned about safety
- ❑ Looks forward to school
- ❑ Dreads school
- ❑ Friendly with playmates
- ❑ Fights with playmates
- ❑ Cannot control temper
- ❑ Dresses self
- ❑ Takes care of self
- ❑ Wants own way
- ❑ Good humored
- ❑ Slow movements
- ❑ Not much help at home
- ❑ Helps at home
- ❑ Learns easily
- ❑ Resists going to bed
- ❑ Restless, overactive
- ❑ Takes criticism
- ❑ Lacks self confidence
- ❑ Feels inferior
- ❑ Easily discouraged
- ❑ Upset by criticism
- ❑ Aggressive, hostile
- ❑ Easily injured
- ❑ Impulsive
- ❑ Active
- ❑ Easily upset
- ❑ Selfish
- ❑ Impatient
- ❑ Imaginative
- ❑ Inquisitive
- ❑ Anxious

Additional comments:

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