



**PRIOR EVALUATIONS/INTERVENTIONS**

Please include contact with other professionals, medications, types of treatment, Individualized Education Plan (IEP), etc. Please forward via mail or fax: 415-421-4183 any prior evaluation reports.

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**MEDICAL HISTORY**

Current medical status/Medications: \_\_\_\_\_

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Prescribing Physician: \_\_\_\_\_

Past medical status/Medications: \_\_\_\_\_

Any history of head trauma?  
(describe): \_\_\_\_\_

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Date of last vision exam: \_\_\_\_\_ Date of last hearing test: \_\_\_\_\_

Ever any seizures or seizure-like activity? \_\_\_\_\_

Any periods of spaciness or confusion? \_\_\_\_\_

**NATURAL MOTHER'S HISTORY:** Age: \_\_\_\_\_ Outside Work: \_\_\_\_\_

Learning problems  
(specify): \_\_\_\_\_

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Have any of the mother's blood relatives had any learning problems or psychological issues?  
(specify): \_\_\_\_\_

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**NATURAL FATHER'S HISTORY:** Age: \_\_\_\_\_ Outside Work: \_\_\_\_\_

Learning problems  
(specify): \_\_\_\_\_

Have any of the father's blood relatives had any learning problems or psychological issues?  
(specify):

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**FAMILY HISTORY**

Family Structure (who lives with the child, please give relationship to the child):

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Family Development (include marriages, separations, divorces, death, traumatic events, losses, etc.):

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How long have you and the child's mother/father been married?  
(Please note whether the child was the product of 1<sup>st</sup>, 2<sup>nd</sup>, etc. marriage)

Never were married \_\_\_\_\_  
Separated \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Married for \_\_\_years \_\_\_\_\_

How stable is your current marriage?

Stable \_\_\_\_\_  
Unstable \_\_\_\_\_

**CHILD'S DEVELOPMENTAL HISTORY**

**Prenatal events:**

Parents attitude toward pregnancy: \_\_\_\_\_

Pregnancy complications (bleeding, excess vomiting, medications, infections, x-rays, etc.):

\_\_\_\_\_

Smoking, drinking or drug use during the pregnancy (explain): \_\_\_\_\_

\_\_\_\_\_

Conception – Ease: \_\_\_\_\_ Planned: \_\_\_\_\_ Unplanned: \_\_\_\_\_

**BIRTH AND POSTNATAL PERIOD:**

Birth weight: \_\_\_\_\_ Length: \_\_\_\_\_ Labor duration: \_\_\_\_\_

Delivery: vaginal: \_\_\_\_\_ C-Section: \_\_\_\_\_ Complications: \_\_\_\_\_

\_\_\_\_\_

APGAR scores (if known): \_\_\_\_\_ Any jaundice? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Time in hospital: \_\_\_\_\_ Any other complications? \_\_\_\_\_

\_\_\_\_\_

Mother's health after delivery: \_\_\_\_\_

**Primary caretaker for child, first year:** \_\_\_\_\_

Thereafter: \_\_\_\_\_

**Sleep behavior:** Sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed): \_\_\_\_\_

\_\_\_\_\_

**Separations** from mother and/or father: Age, duration, reaction to: \_\_\_\_\_

**MOTOR DEVELOPMENT:**

(Please write in age; parentheses are approximate normal limits)

Rolls over (3-5m): \_\_\_\_\_ Sits without support (5-7m): \_\_\_\_\_ Crawls (5-8m): \_\_\_\_\_

Walks well (11-16m): \_\_\_\_\_ Runs well (2y): \_\_\_\_\_ Rides tricycle (3y): \_\_\_\_\_

Throws ball overhand (4y): \_\_\_\_\_

Current level of activity: \_\_\_\_\_

Fine and gross motor coordination: \_\_\_\_\_

As compared to peers: \_\_\_\_\_

**LANGUAGE DEVELOPMENT:**

Several words besides dada, mama (1y): \_\_\_\_\_

Name several objects - ball, cup (15m): \_\_\_\_\_

Three words together - subject, verb, object (24m): \_\_\_\_\_

Vocabulary: \_\_\_\_\_ Articulation: \_\_\_\_\_

Comprehension: \_\_\_\_\_

As compared to peers: \_\_\_\_\_

Any current problems? \_\_\_\_\_

**SOCIAL DEVELOPMENT:**

Smile (2m): \_\_\_\_\_ Shy with strangers (6-10m): \_\_\_\_\_

Separates from mother easily (2-3y): \_\_\_\_\_

Cooperative play with others (4y): \_\_\_\_\_

Quality of attachment to mother: \_\_\_\_\_

Quality of attachment to father: \_\_\_\_\_

Early peer interactions: \_\_\_\_\_

Current peer interactions: \_\_\_\_\_

Relationships to family members: \_\_\_\_\_

\_\_\_\_\_

Hobbies/Special interests: \_\_\_\_\_

\_\_\_\_\_

**BEHAVIOR/DISCIPLINE:**

Compliance vs. non-compliance: \_\_\_\_\_

\_\_\_\_\_

Methods of discipline: \_\_\_\_\_

\_\_\_\_\_

Other problems: \_\_\_\_\_

\_\_\_\_\_

**EMOTIONAL DEVELOPMENT:**

Early temperament: \_\_\_\_\_

Current personality: \_\_\_\_\_

Mood: \_\_\_\_\_

Habits: \_\_\_\_\_

Fears/Phobias: \_\_\_\_\_

Ability to express feelings: \_\_\_\_\_

Drug/Alcohol history: \_\_\_\_\_

\_\_\_\_\_

**SCHOOL HISTORY:**

Current school: \_\_\_\_\_ Current grade: \_\_\_\_\_

School contact: \_\_\_\_\_

Number of schools attended: \_\_\_\_\_

Please name the schools and summarize the child's progress & school performance (i.e., A's & B's, G.P.A., grade ranges, etc.) within each of the following grade levels:

**Preschool:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Kindergarten:** \_\_\_\_\_  
\_\_\_\_\_

**Grades 1 through 3:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grades 4 through 6:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grades 7 through 12:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Homework problems: \_\_\_\_\_

Specific learning disabilities: \_\_\_\_\_

Strengths: \_\_\_\_\_

Motivation: \_\_\_\_\_

Overall Strengths - as viewed by parents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TREATMENT HISTORY

1.) Has the child ever been in any type of special education program? If so, how long?

Learning disabilities class: \_\_\_\_\_  
Duration of placement: \_\_\_\_\_  
Behavioral/emotional disorders class: \_\_\_\_\_  
Duration of placement: \_\_\_\_\_  
Resource Room: \_\_\_\_\_  
Duration of placement: \_\_\_\_\_  
Speech and language therapy: \_\_\_\_\_  
Duration of therapy: \_\_\_\_\_  
Other (Please specify): \_\_\_\_\_  
Duration: \_\_\_\_\_

2.) Has the child ever been prescribed any of the following:  
(0 = No, 1 = Yes)

Tranquilizers: \_\_\_\_\_  
Duration of use: \_\_\_\_\_  
Anticonvulsants: \_\_\_\_\_  
Duration of use: \_\_\_\_\_  
Dexedrine: \_\_\_\_\_  
Duration of use: \_\_\_\_\_  
Antihistamines: \_\_\_\_\_  
Duration of use: \_\_\_\_\_  
Cylert: \_\_\_\_\_  
Duration of use: \_\_\_\_\_  
Other prescription drugs (Please specify): \_\_\_\_\_  
Duration of use: \_\_\_\_\_

3.) Has the child ever had any of the following forms of psychological treatment? If so, how long did it last?

Individual psychotherapy: \_\_\_\_\_  
Duration of therapy: \_\_\_\_\_  
Group psychotherapy: \_\_\_\_\_  
Duration of therapy: \_\_\_\_\_  
Family therapy with child: \_\_\_\_\_  
Duration of therapy: \_\_\_\_\_  
Inpatient evaluation: \_\_\_\_\_  
Duration of inpatient stay: \_\_\_\_\_  
Residential treatment: \_\_\_\_\_  
Duration of placement: \_\_\_\_\_

4.) Has the child ever been:

Suspended from school \_\_\_\_\_  
Number of suspensions \_\_\_\_\_  
Expelled from school \_\_\_\_\_  
Number of expulsions \_\_\_\_\_  
Retained in grade \_\_\_\_\_  
Number of retentions \_\_\_\_\_

5.) Have any additional instructional modifications been attempted?

None: \_\_\_\_\_  
Behavior modification program: \_\_\_\_\_  
Daily/Weekly report card: \_\_\_\_\_  
Other (Please specify): \_\_\_\_\_

### **SOCIAL HISTORY**

1.) How does the student get along with siblings?

Doesn't have any: \_\_\_\_\_  
Better than average: \_\_\_\_\_  
Average: \_\_\_\_\_  
Worse than average: \_\_\_\_\_  
Don't know: \_\_\_\_\_

2.) How easily does the student make friends?

Doesn't have any: \_\_\_\_\_  
Better than average: \_\_\_\_\_  
Average: \_\_\_\_\_  
Worse than average: \_\_\_\_\_  
Don't know: \_\_\_\_\_

3.) On the average, how long does the student keep friendships?

Less than 6 months: \_\_\_\_\_  
6 months – 1 year: \_\_\_\_\_  
More than one year: \_\_\_\_\_  
Don't know: \_\_\_\_\_

### **CURRENT BEHAVIORAL CONCERNS**

1.) Primary concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Other related concerns: \_\_\_\_\_

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3.) What strategies have been implemented to address these concerns?

<u>Tactic</u>	<u>Attempted?</u>	<u>Success?</u>
Verbal reprimands	yes/no	yes/no
Time-out (isolation)	yes/no	yes/no
Removal of privileges	yes/no	yes/no
Rewards	yes/no	yes/no
Physical punishment	yes/no	yes/no
Acquiescence to child	yes/no	yes/no
Avoidance of child	yes/no	yes/no

4.) On the average, what percentage of time does your child initially comply with commands?

- 0 – 20% \_\_\_\_\_
- 20 – 40% \_\_\_\_\_
- 40 – 60% \_\_\_\_\_
- 60 – 80% \_\_\_\_\_
- 80 – 100% \_\_\_\_\_

5.) On the average, what percentage of the time does your child eventually comply with commands?

- 0 – 20% \_\_\_\_\_
- 20 – 40% \_\_\_\_\_
- 40 – 60% \_\_\_\_\_
- 60 – 80% \_\_\_\_\_
- 80 – 100% \_\_\_\_\_

6.) To what extent are you and your partner consistent with respect to disciplinary strategies?

Most of the time: \_\_\_\_\_

Some of the time: \_\_\_\_\_

None of the time: \_\_\_\_\_

Varies, depending on who is the disciplinarian (explain): \_\_\_\_\_

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7.) Have any of the following stress events occurred within the past 12 months?

Parents divorced or separated	_____	Changed schools	_____
Family accident or illness	_____	Family moved	_____
Death in family	_____	Family financial problems	_____
Parent changed job	_____	Other (please specify)	_____

**OTHER CONCERNS**

1.) Which of the following are considered to be a significant problem at the present time?  
(0 = No; 1 = Yes)

- |   |       |  |       |
|---|-------|--|-------|
| Fidgets   | _____ | Shifts from one activity to another              | _____ |
| Difficulty remaining seated   | _____ | Difficulty playing quietly                       | _____ |
| Easily distracted   | _____ | Often talks excessively                          | _____ |
| Difficulty awaiting turn  | _____ | Often interrupts or intrudes on others           | _____ |
| Often blurts out answers to questions before they have been completed | _____ | Often does not listen                            | _____ |
| Difficulty following instructions                                     | _____ | Often loses things                               | _____ |
| Difficulty sustaining attention                                       | _____ | Often engages in physically dangerous activities | _____ |

\*When did these problems begin? (Specify age): \_\_\_\_\_

2.) Which of the following are considered to be a significant problem at the present time?  
(0 = No; 1 = Yes)

- |  |       |
|--|-------|
| Often loses temper                                       | _____ |
| Often argues with adults                                 | _____ |
| Often actively defies or refuses adult requests or rules | _____ |
| Often deliberately does things that annoy other people   | _____ |
| Often blames others for own mistakes                     | _____ |
| Is often touchy or easily annoyed by others              | _____ |
| Is often angry or resentful                              | _____ |
| Is often spiteful or vindictive                          | _____ |
| Often swears or uses obscene language                    | _____ |

\*When did these problems begin? (Specify age): \_\_\_\_\_

3.) Which of the following are considered to be a significant problem at the present time?  
(0 = No; 1 = Yes)

- |  |       |
|--|-------|
| Stolen without confrontation             | _____ |
| Run away from home at least twice        | _____ |
| Lies often                               | _____ |
| Deliberate fire-setting                  | _____ |
| Often truant                             | _____ |
| Breaking and entering                    | _____ |
| Destroyed others' property               | _____ |
| Cruel to animals                         | _____ |
| Forced someone else into sexual activity | _____ |
| Used a weapon in a fight                 | _____ |
| Often initiates physical fights          | _____ |
| Stolen with confrontation                | _____ |
| Physically cruel to people               | _____ |

\*When did these problems begin? (Specify age): \_\_\_\_\_

4.) Which of the following are considered to be a significant problem at the present time?  
(0 = No; 1 = Yes)

- Unrealistic and persistent worry about possible harm to attachment figures \_\_\_\_\_
- Unrealistic and persistent worry that a calamitous event will separate the  
child from attachment figure \_\_\_\_\_
- Persistent school refusal \_\_\_\_\_
- Persistent refusal to sleep alone \_\_\_\_\_
- Persistent avoidance of being alone \_\_\_\_\_
- Repeated nightmares regarding separation \_\_\_\_\_
- Somatic complaints \_\_\_\_\_
- Excessive distress in anticipation of separation from attachment figure \_\_\_\_\_
- Excessive distress when separated from home or attachment figure \_\_\_\_\_
- \*When did these problems begin? (Specify age): \_\_\_\_\_

5.) Which of the following are considered to be a significant problem at the present time?  
(0 = No; 1 = Yes)

- Unrealistic worry about future events \_\_\_\_\_
- Unrealistic concern about appropriateness of past behavior \_\_\_\_\_
- Unrealistic concern about competence \_\_\_\_\_
- Marked self-consciousness \_\_\_\_\_
- Excessive need for reassurance \_\_\_\_\_
- Marked inability to relax \_\_\_\_\_
- \*When did these problems begin? (Specify age): \_\_\_\_\_

6.) Which of the following are considered to be a significant problem at the present time?  
(0 = No; 1 = Yes)

- Depressed or irritable mood most of day, nearly every day \_\_\_\_\_
- Diminished pleasure in activities \_\_\_\_\_
- Decrease or increase in appetite associated with possible failure to make  
weight gain \_\_\_\_\_
- Insomnia or hypersomnia nearly every day \_\_\_\_\_
- Psychomotor agitation or retardation \_\_\_\_\_
- Fatigue or loss of energy \_\_\_\_\_
- Feelings of worthlessness or excessive inappropriate guilt \_\_\_\_\_
- Diminished ability to concentrate \_\_\_\_\_
- Suicidal ideation or attempt \_\_\_\_\_
- \*When did these problems begin? (Specify age): \_\_\_\_\_

7.) Which of the following are considered to be a significant problem at the present time?  
(0 = No; 1 = Yes)

- Depressed or irritable mood for most of the day x 1 year \_\_\_\_\_
- Poor appetite or overeating \_\_\_\_\_
- Insomnia or hypersomnia \_\_\_\_\_
- Low energy or fatigue \_\_\_\_\_
- Low self-esteem \_\_\_\_\_
- Poor concentration or difficulty making decisions \_\_\_\_\_
- Feelings of hopelessness \_\_\_\_\_
- Never without symptoms for more than 2 months over a one-year period \_\_\_\_\_

\*When did these problems begin? (Specify age): \_\_\_\_\_

8.) Which of the following are considered to be a significant problem at the present time?  
(0 = No; 1 = Yes)

- Persistently elevated, expansive, or irritable mood \_\_\_\_\_
- Inflated self-esteem or grandiosity \_\_\_\_\_
- Decreased need for sleep \_\_\_\_\_
- More talkative than usual or pressure to keep talking \_\_\_\_\_
- Flight of ideas or subjective experience that thoughts are racing \_\_\_\_\_
- Increase in goal-directed activity or agitation \_\_\_\_\_
- Excessive involvement in pleasurable activities that have a high potential  
for painful consequences \_\_\_\_\_

9.) Has the child exhibited any of the symptoms below? (0 = No; 1 = Yes)

- Stereotyped mannerisms \_\_\_\_\_
- Odd postures \_\_\_\_\_
- Excessive reaction to noise or fails to react to loud noises \_\_\_\_\_
- Overreacts to touch \_\_\_\_\_
- Compulsive rituals \_\_\_\_\_
- Motor tics \_\_\_\_\_
- Vocal tics \_\_\_\_\_

10.) Has the child exhibited any of the symptoms below? (0 = No; 1 = Yes)

- Loose thinking (e.g., tangential ideas, circumstantial speech) \_\_\_\_\_
- Bizarre ideas (e.g., odd fascinations, delusions, hallucinations) \_\_\_\_\_
- Disoriented, confused, staring, or "spacy" \_\_\_\_\_
- Incoherent speech (mumbles, jargon) \_\_\_\_\_

11.) Has the child exhibited any of the symptoms below? (0 = No; 1 = Yes)

- Excessive emotional fluctuations without reference to environment \_\_\_\_\_
- Explosive temper with minimal provocation \_\_\_\_\_
- Excessive clinging, attachment, or dependence on adults \_\_\_\_\_
- Unusual fears \_\_\_\_\_
- Strange aversions \_\_\_\_\_
- Panic attacks \_\_\_\_\_
- Excessively constricted emotions or lack of expression of emotions \_\_\_\_\_
- Situationally inappropriate emotions \_\_\_\_\_

12.) Has the child exhibited any of the symptoms below? (0 = No; 1 = Yes)

- Little or no interest in peers \_\_\_\_\_
- Significantly indiscreet remarks \_\_\_\_\_
- Initiates or terminates interactions inappropriately \_\_\_\_\_
- Qualitatively abnormal social behavior \_\_\_\_\_
- Excessive reaction to changes in routine \_\_\_\_\_
- Abnormalities of speech \_\_\_\_\_
- Self-mutilation \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
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