

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.

MEDICAL HISTORY

Current medical status/Medications: _____

Prescribing Physician: _____

Past medical status/Medications: _____

Any history of head trauma?
(describe): _____

Date of last vision exam: _____ Date of last hearing test: _____

Results: _____ Results: _____

Ever any seizures or seizure-like activity? _____

Any periods of spaciness or confusion? _____

BIOLOGICAL MOTHER'S HISTORY: Age: _____ Outside Work: _____

Learning problems
(specify): _____

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

BIOLOGICAL 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):

FAMILY HISTORY

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

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

How long have you and the child's mother/father been married?
(Please note whether the child was the product of 1st, 2nd, 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: _____

Grade 1: _____

Grade 2: _____

Grade 3: _____

Grade 4: _____

Grade 5: _____

Grade 6: _____

Grade 7: _____

Grade 8: _____

Grade 9: _____

Grade 10: _____

Grade 11: _____

Grade 12: _____

Homework problems: _____

Behavior problems: _____

Specific learning disabilities: _____

Attention problems: _____

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: _____

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): _____

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: _____
