

Clt Name: _____
Clt ID #: _____
Today's Date: _____

Child Developmental History

A. Identifications

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

2. Mother's name: _____ Birthdate: _____ SS# _____
Address: _____ City: _____ Zip: _____
Employer: _____ Wk phone: _____ Hm phone: _____

3. Father's name: _____ Birthdate: _____ SS# _____
Address: _____ City: _____ Zip: _____
Employer: _____ Wk phone: _____ Hm phone: _____

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

5. Stepparent's name: _____ Birthdate _____ SS# _____
Address: _____ City: _____ Zip: _____
Employer: _____ Wk phone: _____ Hm phone: _____

B. Development

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

1. Pregnancy and delivery:

Prenatal medical illnesses and health care: _____

Was the child premature? _____ Weight and height at birth: _____

Any birth complications or problems? _____

2. The first few years of life:

Breast-fed? _____ If so, for how long? _____

Any allergies? _____

Sleep patterns or problems: _____

Personality and/or temperament: _____

Clt Name: _____ Clt ID #: _____ Today's Date: _____

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

Sat without support: _____ Crawled: _____ Walked: _____
 Helped when being dressed: _____ Stayed dry all day: _____ all night: _____
 Didn't soil his/her pants: _____ Dressed self completely: _____

4. Speech/language development:

Age when child said first word understandable to strangers: _____ First sentence understandable to a stranger: _____
 Any speech, hearing, or language difficulties? _____

C. Health

List all childhood illnesses, hospitalizations, medications, allergies, head trauma, 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

Dates		Location	Reason for moving
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Residential placements, institutional placements, or foster care:

Dates		Program name or location	Reason for placement	Problems?
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. Schools

School (Name, district, address)	Grade	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clt Name: _____

Clt ID #: _____

Today's Date: _____

May I discuss your child with the current teacher, if we agree that it's necessary? Yes No

Teacher's Name: _____ School _____ Phone: _____

F. Special skills or talents of child

List hobbies, sports; recreational, 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?

