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Child History Questionnaire

Please enter less than 3000 characters for each answer.

GENERAL INFORMATION	
Child's date of birth	
Child's place of birth	
Siblings: No. & ages	
Describe relationship with siblings	
Describe child's relationship with peers	
Describe how this child responds to discipline	
List child care givers who supervise child other than school or parent	
What concerns do you have regarding caregivers	
Describe any legal issues this child may have	

SCHOOL INFORMATION

Address of School(s)

Phone No. of School(s)

Grade Child is in now

Name(s) of Teacher(s)

Is child in Regular Ed. or Special Ed.?

Describe how this child functions in school

What kinds of grades does this child get

Describe any special educational needs

If the child has been diagnosed with a specific disorder (e.g., SLD, EBD, EMH, DD, etc.) give name of professional who diagnosed (Dx) the disorder & date Dx made

What other information regarding your child's school do you wish to share?

HEALTH ISSUES OF THE CHILD

Child' physician

Physician's address

Physician's phone no.	
Describe any medical problems during pregnancy with this child	
Describe any medical issues your child has now	
What medications is your child now taking?	
Describe any hospitalizations/surgeries for your child	
Describe any head injuries your child experienced	
Describe any special needs for your child	
Describe any emotional needs	
Describe any alcohol or other substance abuse problems this child has	
Describe any behavior problems this child has	
Has the child been in counseling or psychotherapy?	
List the provider, dates of service, purpose of treatment and how long problem persisted	

What other information regarding your child's health (physical or mental) do you wish to share?	
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DEVELOPMENTAL MILESTONES

- first sleep through the night	
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- crawl	
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- speak his or her first words	
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- achieve potty training	
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- no longer require diapers	
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Describe any developmental delays	
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Describe your child's strengths	
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PARENTAL CONCERNS

What concerns do you have about the other parent's ability to meet this child's needs?	
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Describe anything about this child that we have not asked and you think is important for us to know	
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What other information regarding your child that has not been asked that you wish to share?	
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Type your Name as a Signature _____

By saving this document, I am attesting that the information I have given is true and accurate, to the best of my ability.