

DEVELOPMENTAL HISTORY
Office of Robert Oberlander, L.M.H.C.

Date _____

Child's Name _____ Birth Date _____

Form Completed by _____

Relationship to the Child _____

1. Were there any prenatal problems or problems in the birth process?

2. What was the child's mother's emotional state throughout pregnancy and first year of child's life? _____

3. Did the child experience any feeding problems during infancy? _____

4. Describe mother's and father's bonding with the child during infancy:

5. Were there any significant separations between child and parent(s) during infancy? _____ If yes, please describe _____

6. Were child's developmental landmarks (crawling, walking, talking, toilet training, etc.) achieved early, on-time or delayed? Were there any particular problems in any of these? _____

7. What is the child's current grade level? _____ Is the child the same age as classmates? _____

8. Has child had any behavior problems at school? (i.e. disruptive, truancy, aggressive, etc.) If yes, please describe _____

9. Has the child ever been assessed for learning difficulties or psychological problems? If yes, what were the results of the assessment? _____

10. Does child have friends? Many or few? Close friends or acquaintances? Long or short-term? Please describe: _____

11. Describe child's manner with friends; does child tend to be a follower, or a leader; approachable or distant; kind or aggressive; sympathetic or critical; relaxed or anxious? _____

12. Describe child's peer group; what sort of children does he/she like to spend time with? _____

13. What activities does the child like to do? _____

14. Describe child's current level of sexual development. Is child showing an interest in girls/boys? Does child date or show desire to? Is child sexually active? _____

15. Has child ever been physically or sexually abused? If yes, please describe: _____

16. Has child ever used alcohol or non-prescription drugs? If yes, please describe: _____
