

Offices in Downtown Bethesda and Takoma Park

DEVELOPMENTAL QUESTIONNAIRE

Please fill in the blanks or circle when appropriate

Child's name: _____ Birth date / Age: _____

Parents' names: _____

Form completed by: _____

INFANCY

Was your child adopted? _____ If so, how old was your child upon adoption? _____

Please describe the adoption process. We will have time to discuss this in more detail, and I hope you will feel free to respond to any of the following questions in whatever way is most comfortable to you.

Was this a planned pregnancy? _____ Length of pregnancy, i.e. "x" weeks _____

Describe mother's physical & emotional experience of pregnancy, including what medications were taken during pregnancy, complications, restrictions, etc.

How long was the labor process? _____

Was delivery normal? _____ If not, please describe the difficulties: _____

How was your baby's health at birth & APGAR score:

Was your baby breast fed, bottle fed, both? If breast fed, age at weaning?

Were there any difficulties with early feeding? _____

Where & with whom did your baby sleep during the first 18 - 24 months?

TEMPERAMENT

In general, what was your child's temperament during the first 12 - 18 months?

Was he/she unusually sensitive to noise? _____ Being touched? _____

Was he/she active or quiet? Bold or cautious in new situations?

Adapt quickly or more slowly when changes occurred?

What was his/her predominant mood? _____

How intense was his/her mood? _____

Was he/she persistent with things of interest? _____ **Easily distracted?** _____

Did he/she have much of a daily schedule or was it difficult to plan and predict the day?

Was he/she responsive to you and the environment? _____

Did he/she seem to cry a lot? _____

How was he/she more easily settled when distressed? _____

Were there any problems with feeding, eating solid foods, food allergies, etc.? _____

Were there any sleeping problems from roughly age 12 - 24 months? _____

Did he/she suck thumb? _____ **Until what age?** _____

Use a pacifier? _____ **Until what age?** _____

Carry around a stuffed animal, blanket, etc.? _____ **Until what age?** _____

At what age did he/she crawl? _____ **Sit up?** _____

Stand up? _____ **Walk holding on?** _____

Say his/her first word? _____ **Follow simple commands?** _____

Put words together and articulate? _____

Talk in complete sentences? _____

TODDLER HOOD

Did your child have temper tantrums? _____ If so, how were they handled?

Breath holding spells? _____ Pull hair of others? _____

At what age did toilet training begin? _____

Were there any difficulties with toilet training? _____

When was your child dry at night? _____

When was toilet training completed? _____

Has your child had problems with wetting his/her clothes or bed, having bowel movements in his/her clothes or bed since toilet training? If so, what was the problem?

FAMILY LIFE

Does your child have other siblings? If so, please indicate 1) their name(s), date of birth, age and 2) whether or not they live at home.

Does your child have grandparents, aunts, uncles etc or other significant adults with whom he/she has close relationships?

Was either parent or primary caretaker separated from your child during the first 3 years?

When/Why? _____

What was child's reaction? _____

What age was your child when parents or primary caretakers returned to work outside the house?

Who cared for your child at this point? _____

During the first 3 years, how many caretakers have cared for the child while parents worked?

What significant events occurred during the first three years of the child's life, i.e. move; birth or adoption of sibling; death in family; absence of parent; job change; marital difficulties; etc.

NURSERY SCHOOL

At what age did your child enter nursery school? _____

How many days a week? _____

Did your child separate easily when you took him/her to nursery school? _____

Did your child enjoy nursery school? _____

How did your child relate with other children? _____

What did the teacher say about his/her behavior & development? _____

At the end of nursery school, were there any question about his/her readiness for Kindergarten? If so, what were the concerns?

KINDERGARTEN

At what age did your child begin Kindergarten? _____

Full day or partial day? Please circle one.

Did he/she enjoy Kindergarten? _____

How did your child get along with other children? _____

What did the teacher say about his/her behavior and development? _____

At the end of the year, was he/she considered ready to enter the 1st grade? _____

If not, why not: _____

ELEMENTARY SCHOOL

(There is a place to list all your child's schools towards the end of this form.)

Describe any learning problems your child has had during these years.

How has your child related to other students during these years: _____

How has your child related to teachers and other adults during these years: _____

Please describe any habits, whether or not these habits persist, that I should be aware of:

ADOLESCENCE

Child's primary physician: _____

Current medical issues: _____

Current prescription medications: _____

Date of last physical exam: _____

Describe any self-destructive behavior demonstrated by your child: _____

Describe any concerns you have about your child's weight or eating habits: _____

Does your child appear depressed or withdrawn? _____

How does your child related to other teens? _____

With whom does your child share personal information? _____

Has your child ever been pregnant or caused a pregnancy? _____

GENERAL INFORMATION

Please describe any major illnesses, injuries, or hospitalizations your child has had. Please note date and event.

Over the years, what forms of discipline and limit setting have been used with your child?

By whom? _____

What was most effective with your child? _____

How does your child spend leisure time? i.e. hobbies, other interests, club, etc.

What information about sexual reproduction/sexual health/sexual development does your child have? Who provides/provided the information?

Has your child received psychological/education testing? If so, please indicate the date and name of person administering the test.

LIST OF SCHOOLS

Please list schools your child has attended from K - present. Please indicate grade and name of school.

Please feel free to bring any additional information to my attention when we meet in person and/or add any additional information on reverse. THANK YOU.