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**DEVELOPMENTAL HISTORY QUESTIONNAIRE**

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Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Person completing questionnaire \_\_\_\_\_

Parent's education / career \_\_\_\_\_

People living in the home: \_\_\_\_\_

Name	Age	Relationship	Occupation / School Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Close Family Members Not Living at Home

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Family history: Has any family member (parents, cousins, etc) experienced the following:

Yes  No School or Learning Problems / Attention / Learning Disability

Yes  No Emotional/Behavioral Problems / Psychiatric Diagnosis

Yes  No Drug or Alcohol Use Problems

Yes  No Physical or Sexual Abuse; Was there ever a reason to worry about your child in this respect?

Yes  No Other Important Hereditary / Psychosocial Family History or Events

## **EARLY DEVELOPMENT**

Was your child adopted? If so, please indicate age at adoption and any important circumstances regarding the adoption process.

Were there any unusual circumstances surrounding the pregnancy or birth of this child, such as difficulties or risk factors during pregnancy or problems during or after delivery? What were APGARS; any extended stay in the hospital following birth?

What developmental growth milestones do you recall in the areas of physical, language, motor, social, and intellectual development? Please include advanced as well as delayed growth areas.

What illnesses or injuries has your child had? Any significant falls, head injury, seizures? Does he/she have chronic allergies? Is your child currently taking medication? Please mention any vision, hearing, motor, or speech problems.

## **SOCIAL DEVELOPMENT**

How does your child fit in with the family constellation, relate to siblings and parents, and affect other family members? How does he/she get his/her needs met and otherwise communicate?

What type of discipline and motivational approaches are used most successfully? What responsibilities does he/she have at home?

What type of peers does your child prefer; does he/she make and keep friends easily; is he/she a leader or follower? Organize activities or wait to be invited? How do overnights go?

What activities does your child enjoy?

## **BEHAVIOR/EMOTIONAL DEVELOPMENT**

Describe the child's disposition or temperament both as a young child and at the present time.

What are your child's personal strengths and weaknesses, as you see them?

How does your child react to frustration, stress, and/or failure?

How does your child respond to success?

Does your child have any behaviors, habits, or traits which are unusual or of concern to you?

What are your goals for the present assessment?

What are the most important things that I can help you with?

## ACADEMIC HISTORY

Name of Pre-School / School	Dates Attended or Grades Attended	Location if Outside Greater Cincinnati
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### In school or outside of school has the child:

- |  |  |
|--|--|
| <input type="checkbox"/> Started school early for his/her age  | <input type="checkbox"/> Seen a remedial teacher or tutor (private or at the school)                     |
| <input type="checkbox"/> Started school later for her/his age  | <input type="checkbox"/> Seen a school counselor   |
| <input type="checkbox"/> Repeated a grade including Kindergarten   | <input type="checkbox"/> Child or parent consulted school psychologist regarding performance             |
| <input type="checkbox"/> Been tested individually  | <input type="checkbox"/> Seen a speech therapist   |
| <input type="checkbox"/> Repeated or failed a proficiency test   | <input type="checkbox"/> Gone to a special education, van, or other remedial intervention                |
| <input type="checkbox"/> Been suspended or expelled  | <input type="checkbox"/> Shown low or inconsistent standardized test scores such as Terra Nova, SAT etc. |
| <input type="checkbox"/> Had a modified assignment, been allowed extended time to finish assignments or tests, teachers reword test questions, etc | <input type="checkbox"/> Has or had in the past: IEP, 504, Intervention Service Plan                     |

- Please summarize the child's history regarding any of the above. Please give the dates / grades during which any of the above occurred, add another page if needed.
- If there has been previous individual evaluation, or if there is an intervention plan, IEP, or 504, please bring a copy of all such reports and documents.
- Most students take group-administered standardized achievement tests in class; please bring score reports from Proficiency, Otis-Lennon, Terra-Nova, SAT, etc.
- Please bring any additional information that will help me to understand your child, including teacher comments, behavioral plans, report cards, work samples, etc.

**What comments can you offer about your child in the following areas?**

Self-concept, self-view

Social interaction – with adults and other children

Achievement and motivation in academics, sports, arts, and other endeavors

The child's attitude toward school over the years is?

Do school-related difficulties or grade patterns change as the school year progresses?

What are his / her preferred subjects or activities at school? Have there been favorite teachers?  
Why do you think these are preferred?

Other important areas of social, athletic, arts, or learning performance?

How would you describe your child in the following areas?

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Limited</b>
Reading Skills					
Math Skills					
Spelling Skills					
Writing Skills					
Behavior at School					
General Intelligence					
Speech/Language Skills					
Memory					
Motivation					
Attention & Concentration					
Activity Level					
Maturity (for age)					
Sense of Humor					
Creativity					
Adaptability to Change					
Sensitivity					
Sense of Responsibility					
Self Confidence					
Anxiety or Fearfulness					
Persistence					

**Thank you for taking the time to complete this questionnaire.**

Do you have additional concerns or have you sought additional help for your child's difficulties? Please bring any additional information that might be helpful in completing this evaluation or write more information on the back of this page, or on a separate page.