



CONFIDENTIAL PERSONAL HISTORY FOR CHILDREN AND YOUNG ADULTS

(You may attach additional sheets as needed.)

Child's Full Name: _____

Address: _____

State: _____ ZIP: _____

Home phone number: _____

Other phone(s): _____

Today's Date: _____

Birthdate: _____ Age: _____

Grade: _____

School: _____

Family E-mail: _____

Completed by: _____

Referred by: _____

FAMILY MEMBERS

*Please complete, circle when appropriate. Add **siblings**, **stepparents**, and **stepsiblings** as appropriate.*

Name	Age	Sex	Adopted	Lives With	Education	Occupation	Handedness
(mother)		M F	Yes No	Yes No			Right Left
(father)		M F	Yes No	Yes No			Right Left
(client & siblings)		M F	Yes No	Yes No			Right Left
		M F	Yes No	Yes No			Right Left
		M F	Yes No	Yes No			Right Left
		M F	Yes No	Yes No			Right Left
		M F	Yes No	Yes No			Right Left
		M F	Yes No	Yes No			Right Left
		M F	Yes No	Yes No			Right Left

Marital Status of Parents: Married:____ Separated:____ Divorced:____ Never Married:____ Other: ____

MAIN CONCERNS What are your concerns (for your child)?

Academic:

Personal:

Social:

FAMILY ADAPTATION

At home, how would you describe his/her general adjustment?

Poor _____ Fair _____ Good _____ Excellent _____

How does he/she get along with each member of the family?

Father: _____

Mother: _____

Siblings: _____

Other Comments: _____

PREGNANCY (If adopted, complete what you know, skip the rest.)

What kind of experience was the pregnancy for both mother and father?

Mother: _____

Father: _____

Pregnancy specifics:

Was it planned?	Yes No	Did the mother smoke?	Yes No
Were there complications?	Yes No	Did the mother consume illegal drugs? <small>If yes, which ones?</small>	Yes No
Were there health problems?	Yes No	Did the mother consume alcohol?	Yes No
Did accidents/injuries occur in pregnancy?	Yes No	Did the mother take any medication?	Yes No
Was the mother confined to bed?	Yes No		

Please explain:

LABOR AND DELIVERY*Labor and delivery specifics:*

Was the pregnancy full term?	Yes No	What was the birth weight?	
How many weeks (or months)?		What were the APGAR ratings? (if known)	
What was the length of labor, in hours?		Was the birth Cesarean or Vaginal?	C V
Was pitocin used?	Yes No	Were there complications?	Yes No
For how long, in hours?		Did the child cry immediately?	Yes No
Were forceps used?	Yes No	Immediate physical contact with mother?	Yes No
Was the mighty-vac used?	Yes No	Did mother and child bond at birth?	Yes No
What was the delivery position (breech etc)?		Did he/she require special treatment?	Yes No

Please describe the labor and delivery and explain any complications or problems (even minor ones).

Please describe the health of your child when he/she was born.

ADOPTION (if applicable)

Age when adopted: _____

Is your child aware of the adoption: Yes No

Number of prior foster homes: _____ Any known problems:

Please describe the circumstances surrounding the adoption, response to new home, and any other considerations or comments:

INFANCY

<i>Considering the first two years of the person's life:</i>			
Was he/she healthy?	Yes	No	Were there extended separations?
Were there eating or sleeping problems?	Yes	No	Were s/he firmly attached emotionally?
	Yes	No	Yes No

Please describe any problems noticed in infancy and describe what type of baby he/she was.

DEVELOPMENTAL HISTORY

Overall, with respect to reaching developmental milestones (e.g., walking, talking, toilet training, etc.) how would you describe your child's progress? (please check) delayed _____ normal _____ advanced _____

Sensori-Motor Development

How would you describe your child's motor development (e.g., meeting developmental milestones such as rolling over, sitting up, crawling, walking)? (please check) delayed _____ normal _____ advanced _____

At what age did your child: crawl _____ walk _____ develop hand preference _____

Is your child unusually sensitive to sensory experiences such as touch (e.g., overly sensitive to certain touches, "scratchy" clothes or tags, etc.), sounds (e.g., hide from sounds, act as though they hurt), sights, tastes, or smells? Yes No

If yes, please describe:

Currently, how is his/her general coordination: poor _____ fair _____ good _____ excellent _____
 how is his/her general balance: poor _____ fair _____ good _____ excellent _____
 how is his/her fine motor skills: poor _____ fair _____ good _____ excellent _____

Does your child participate in sports? Yes No Please specify type and quality:

Please describe/explain any other problems (past or present) with sensorimotor development:

Speech and Language Development

How would you describe your child's speech and language development?
 delayed _____ normal _____ advanced _____

Did your child: (please check) _____ begin speaking in single words, then two, then a sentence *or*
 _____ not talk for a long while, then all of a sudden speak in complete sentences?

What were your child's first words? At what age? _____

Has your child experienced problems with his/her speech and language? Yes No
 If yes, please explain:

Childhood Losses, Trauma, or Stressors

Have there been any major moves? (city to city, country to country) Yes No

Comments:

Have there been traumatic events in the course of this individual's development (major losses, significant accidents or physical trauma, child abuse, assaults, etc.)? Yes No

Have there been other stressors that could affect development (e.g., mother post-partum depression, early separations, etc.)? Yes No

If yes to either, please explain:

MEDICAL HISTORY

What is your child's current health? _____

What prescription medications is your child currently taking? _____

Who is the child's primary doctor? _____

<i>Please indicate past medical problems and age.</i>							
Problem:	Yes	No	Age:	Problem:	Yes	No	Age:
Hospitalizations	Yes	No		Anemia	Yes	No	
Head injury	Yes	No		Strep throat	Yes	No	
Serious accident/injury	Yes	No		Asthma/other respiratory problems	Yes	No	
High fever (how high: _____)	Yes	No		Allergies	Yes	No	
Seizures/Epilepsy/Etc.	Yes	No		Skin problems	Yes	No	
Meningitis/other brain infection	Yes	No		Nail biting	Yes	No	
Stroke/Transient ischemic attack	Yes	No		Chronic pain	Yes	No	
Surgeries	Yes	No		Headaches (migraines/tension/cluster)	Yes	No	
Broken bones	Yes	No		Bedwetting	Yes	No	
Gastro-intestinal problems	Yes	No		Sleep problems/Fitful sleep/Apnea	Yes	No	
Ear infections	Yes	No		Nightmares	Yes	No	
Ear tubes placed	Yes	No		Substance abuse (list kind below)	Yes	No	
Diabetes (or hypoglycemia/glucose intolerance)	Yes	No		Emotional/psychological problems	Yes	No	
Thyroid problems	Yes	No		Other:	Yes	No	

Please describe any medical problems noted above or any others which have been suspected or diagnosed. Please give details of significant injuries, accidents, diseases, or conditions.

Please provide any additional details about the above or other conditions which run in either biological side of the family or any concerns you may have about any of them developing in your child.

PRIOR ASSESSMENTS

Has your child had any previous assessments?

Type of previous assessments	Yes No	Place	Date
Medical	Yes No		
Audiological	Yes No		
Speech and/or Language	Yes No		
Educational	Yes No		
Psychological	Yes No		
Psychiatric	Yes No		
Other	Yes No		

Please provide copies of reports of past assessments. If they are not available, please describe any significant results from previous assessments or provide other general comments.

OTHER INFORMATION

If there is any other information that is important for us to know to get a good understanding of your child, please explain:

ACADEMIC ACHIEVEMENT INVENTORY

Directions: In your opinion, how often does your child exhibit the behaviors mentioned? Circle the appropriate number using the provided 9-point scale with 1 = very frequently and 9 = very rarely.

READING

The Individual . . .	Frequently	Sometimes	Rarely
1. Has poor memory for letters and words.	1 2 3	4 5 6	7 8 9
2. Is a slow reader orally.	1 2 3	4 5 6	7 8 9
3. Is a slow reader silently.	1 2 3	4 5 6	7 8 9
4. Substitutes phonetically similar words while reading (e.g., <i>then</i> for <i>when</i>).	1 2 3	4 5 6	7 8 9
5. Interchanges little words when reading (e.g., <i>a</i> for <i>the</i> , <i>which</i> for <i>when</i> , etc.).	1 2 3	4 5 6	7 8 9
6. Reverses letters when reading aloud (e.g., <i>b</i> for <i>d</i> , <i>saw</i> for <i>was</i>).	1 2 3	4 5 6	7 8 9
7. Has trouble reading unfamiliar words.	1 2 3	4 5 6	7 8 9
8. Has a limited number of words recognized by sight.	1 2 3	4 5 6	7 8 9
9. Cannot sound out words.	1 2 3	4 5 6	7 8 9
10. Confuses words that appear similar (e.g., <i>lead</i> for <i>load</i>).	1 2 3	4 5 6	7 8 9
11. Omits word endings (e.g., <i>-s</i> , <i>-ed</i> , <i>-ing</i>).	1 2 3	4 5 6	7 8 9
12. Does not understand syllables (cannot break or combine syllables).	1 2 3	4 5 6	7 8 9

Comments:

WRITING

The Individual . . .	Frequently	Sometimes	Rarely
1. Writes slowly.	1 2 3	4 5 6	7 8 9
2. Writes awkwardly.	1 2 3	4 5 6	7 8 9
3. Reverses letters when writing (e.g., <i>b</i> for <i>d</i> , <i>b</i> for <i>p</i>).	1 2 3	4 5 6	7 8 9
4. Misspells by attempting to spell phonetically.	1 2 3	4 5 6	7 8 9
5. Omits endings of words.	1 2 3	4 5 6	7 8 9
6. Spells poorly.	1 2 3	4 5 6	7 8 9
7. Misspells so badly one has no idea what is meant.	1 2 3	4 5 6	7 8 9
8. Omits letters when spelling.	1 2 3	4 5 6	7 8 9
9. Adds extra letters when spelling.	1 2 3	4 5 6	7 8 9
10. Spells words with the correct letters in the wrong order (e.g., <i>arcoss</i> for <i>across</i>).	1 2 3	4 5 6	7 8 9
11. Writes with limited output (e.g., too few words, sentences, or paragraphs).	1 2 3	4 5 6	7 8 9
12. Uses too many short words.	1 2 3	4 5 6	7 8 9
13. Substitutes or omits small words in sentences.	1 2 3	4 5 6	7 8 9
14. Writes sentence fragments.	1 2 3	4 5 6	7 8 9
15. Does not use complex sentences, instead using simple ones.	1 2 3	4 5 6	7 8 9

Comments:

MATHEMATICS

The Individual . . .	Frequently	Sometimes	Rarely
1. Does not remember number digits or words.	1 2 3	4 5 6	7 8 9
2. Cannot recall math facts automatically (e.g., simple addition or times tables).	1 2 3	4 5 6	7 8 9
3. Fails to read correctly the value of multidigit numbers because of order and spacing.	1 2 3	4 5 6	7 8 9
4. Misplaces/misorders digits in multidigit numbers.	1 2 3	4 5 6	7 8 9
5. Makes borrowing errors.	1 2 3	4 5 6	7 8 9
6. Ignores decimals.	1 2 3	4 5 6	7 8 9
7. Makes errors in order and spacing in multiplication and division.	1 2 3	4 5 6	7 8 9
8. Counts on fingers.	1 2 3	4 5 6	7 8 9
9. Reaches “unreasonable” answers.	1 2 3	4 5 6	7 8 9
10. Fails to verify answers.	1 2 3	4 5 6	7 8 9
11. Completing calculations takes an unusually long time.	1 2 3	4 5 6	7 8 9
12. Has difficulty with word problems.	1 2 3	4 5 6	7 8 9
13. Has difficulty with multistep problems.	1 2 3	4 5 6	7 8 9
14. Has difficulty with the language of math.	1 2 3	4 5 6	7 8 9

Comments:

LISTENING

The Individual . . .	Frequently	Sometimes	Rarely
1. Does not understand the speech of others fully.	1 2 3	4 5 6	7 8 9
2. Has difficulty discriminating speech sounds.	1 2 3	4 5 6	7 8 9
3. Confuses simple nouns (e.g., hears <i>cat</i> , thinks <i>dog</i>).	1 2 3	4 5 6	7 8 9
4. Misunderstands spoken simple sentences and questions.	1 2 3	4 5 6	7 8 9
5. Misunderstands spoken directions.	1 2 3	4 5 6	7 8 9
6. Asks the teacher or parent to repeat directions.	1 2 3	4 5 6	7 8 9
7. Has trouble with the meaning of long, multisyllabic words.	1 2 3	4 5 6	7 8 9
8. Has difficulty understanding that sentences with different syntax may have the same meaning (e.g., “The boy hit the ball” is the same as “The ball was hit by the boy”).	1 2 3	4 5 6	7 8 9
9. Does not understand spoken language but reads well.	1 2 3	4 5 6	7 8 9
10. Has difficulty understanding quickly spoken sentences, but understands the same sentence spoken slowly.	1 2 3	4 5 6	7 8 9
11. Has trouble recognizing when 2 words begin or end with the same sound.	1 2 3	4 5 6	7 8 9
12. Has trouble recognizing when 2 words begin or end with a different sound.	1 2 3	4 5 6	7 8 9
13. Has trouble recognizing when 2 words contain the same or different middle sounds.	1 2 3	4 5 6	7 8 9
14. Does not understand nonliteral language such as metaphors or “sayings” (e.g., “beat around the bush”).	1 2 3	4 5 6	7 8 9
15. Has problems remembering multiple directions/commands.	1 2 3	4 5 6	7 8 9

Comments:

SPEAKING

The Individual . . .	Frequently	Sometimes	Rarely
1. Has slow or labored speech.	1 2 3	4 5 6	7 8 9
2. Uses immature grammar when speaking.	1 2 3	4 5 6	7 8 9
3. Has problems with word finding (i.e., is slow to retrieve a word).	1 2 3	4 5 6	7 8 9
4. Has trouble speaking spontaneously.	1 2 3	4 5 6	7 8 9
5. Cannot repeat sentences longer than 5 words.	1 2 3	4 5 6	7 8 9
6. Has difficulty paraphrasing oral information.	1 2 3	4 5 6	7 8 9
7. Uses too many nonspecific nouns (e.g., <i>stuff</i>) and indefinite pronouns (e.g., <i>that</i>).	1 2 3	4 5 6	7 8 9
8. Uses short or incomplete utterances.	1 2 3	4 5 6	7 8 9
9. Missequences phonemes when speaking (e.g., “ <i>aminals</i> ”).	1 2 3	4 5 6	7 8 9
10. Cannot say common sound blends (e.g., /bl/).	1 2 3	4 5 6	7 8 9
11. Cannot repeat words or phrases exactly.	1 2 3	4 5 6	7 8 9
12. Uses incomplete sentence fragments.	1 2 3	4 5 6	7 8 9
13. Has difficulty stating oral commands.	1 2 3	4 5 6	7 8 9
14. Retrieves the wrong words (e.g., asks for <i>water</i> when wants <i>juice</i>).	1 2 3	4 5 6	7 8 9

Comments:

REASONING

The Individual . . .	Frequently	Sometimes	Rarely
1. Is slow to solve relatively simple problems.	1 2 3	4 5 6	7 8 9
2. Does not shift from one idea to another easily.	1 2 3	4 5 6	7 8 9
3. Strays off subject to follow a minor detail.	1 2 3	4 5 6	7 8 9
4. Has problems adjusting to changes in content, format, and mode of response.	1 2 3	4 5 6	7 8 9
5. Has trouble learning abstract concepts (e.g., pronoun, justice).	1 2 3	4 5 6	7 8 9
6. Makes illogical arguments and is inconsistent in thinking.	1 2 3	4 5 6	7 8 9
7. Has difficulty organizing, grouping, and forming concepts.	1 2 3	4 5 6	7 8 9
8. Has difficulty generalizing.	1 2 3	4 5 6	7 8 9
9. Has trouble validating ideas.	1 2 3	4 5 6	7 8 9
10. Does not see cause-effect relationships.	1 2 3	4 5 6	7 8 9
11. Utilizes immature problem solving and learning strategies.	1 2 3	4 5 6	7 8 9
12. Has poor short-term retention for subject matter facts.	1 2 3	4 5 6	7 8 9
13. Does not produce relevant ideas of sufficient depth.	1 2 3	4 5 6	7 8 9
14. Jumps to premature conclusions.	1 2 3	4 5 6	7 8 9
15. Cannot organize ideas into a cohesive plan of action.	1 2 3	4 5 6	7 8 9

Comments:

PAYING ATTENTION (DSM-IV Criteria)

The Individual . . .	Frequently	Sometimes	Rarely
1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.	1 2 3	4 5 6	7 8 9
2. Often has difficulty sustaining attention in tasks or play activities.	1 2 3	4 5 6	7 8 9
3. Often does not seem to listen when spoken to directly.	1 2 3	4 5 6	7 8 9
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).	1 2 3	4 5 6	7 8 9
5. Often has difficulty organizing tasks and activities.	1 2 3	4 5 6	7 8 9
6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework).	1 2 3	4 5 6	7 8 9
7. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).	1 2 3	4 5 6	7 8 9
8. Is easily distracted by extraneous stimuli.	1 2 3	4 5 6	7 8 9
9. Is often forgetful in daily activities.	1 2 3	4 5 6	7 8 9
10. Often fidgets with hands or feet or squirms in seat.	1 2 3	4 5 6	7 8 9
11. Often leaves seat in classroom or in other situations in which it is inappropriate (in adolescents or adults may be limited to subjective feelings of restlessness).	1 2 3	4 5 6	7 8 9
12. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults may be limited to subjective feelings of restlessness).	1 2 3	4 5 6	7 8 9
13. Often has difficulty playing or engaging in leisure activities quietly.	1 2 3	4 5 6	7 8 9
14. Is often "on the go" or often acts as if "driven by a motor."	1 2 3	4 5 6	7 8 9
15. Often talks excessively.	1 2 3	4 5 6	7 8 9
16. Often blurts out answers before questions have been completed.	1 2 3	4 5 6	7 8 9
17. Often has difficulty awaiting turn.	1 2 3	4 5 6	7 8 9
18. Often interrupts or intrudes on others (e.g., butts into conversations or games).	1 2 3	4 5 6	7 8 9

Comments:

SENSORY INTEGRATION ISSUES

The Individual . . .		Always	Frequently	Occasionally	Seldom	Never
<i>(Please complete by checking appropriate box.)</i>						
Tactile Sensitivity	1. Expresses distress during grooming (for example, fights or cries during haircutting, face washing, fingernail cutting).					
	2. Prefers long-sleeved clothing when it is warm or short sleeves when it is cold.					
	3. Avoids going barefoot, especially in sand or grass.					
	4. Reacts emotionally or aggressively to touch.					
	5. Withdraws from splashing water.					
	6. Has difficulty standing in line or close to other people.					
	7. Rubs or scratches out a spot that has been touched.					
Taste/Smell	8. Avoids certain tastes or food smells that are typically part of children's diets.					
	9. Will only eat certain tastes. List:					
	10. Limits self to particular food textures/temperatures. List:					
	11. Picky eater, especially regarding food textures.					
Movement	12. Becomes anxious or depressed when feet leave the ground.					
	13. Dislikes falling or heights.					
	14. Dislikes activities where head is upside down (e.g., somersaults, roughhousing).					
Underresponsive/Seeks Sensation	15. Enjoys strange noises/seeks to make noise for noise's sake.					
	16. Seeks all kinds of movement and this interferes with daily routines (for example, can't sit still, fidgets).					
	17. Becomes overly excitable during movement activity.					
	18. Touches people and objects.					
	19. Doesn't seem to notice when face or hands are messy.					
	20. Jumps from one activity to another so that it interferes with play.					
Auditory Filtering	21. Leaves clothing twisted on body.					
	22. Is distracted or has trouble functioning if there is a lot of noise around.					
	23. Appears to not hear what you say (for example, does not "tune-in" to what you say, appears to ignore you).					
	24. Can't work with background noise (for example, fan, refrigerator).					
	25. Has trouble completing tasks when the radio is on.					
	26. Doesn't respond when name is called but you know the child's hearing is OK.					
	27. Has difficulty paying attention.					
Low Energy/Weak	28. Seems to have weak muscles.					
	29. Tires easily, especially when standing or holding particular body position.					
	30. Has a weak grasp.					
	31. Can't lift heavy objects (e.g., weak in comparison to same age children).					
	32. Props to support self (even during activity).					
	33. Poor endurance/tires easily.					
Visual/Auditory Sensitivity	34. Responds negatively to unexpected or loud noises (for example, cries or hides at noise from vacuum cleaner, dog barking, hair dryer).					
	35. Hold hands over ears to protect ears from sound.					
	36. Is bothered by bright lights after others have adapted to the light.					
	37. Watches everyone when they move around the room.					
	38. Covers eyes or squints to protect eyes from light.					

Visual-Spatial vs. Auditory-Sequential Characteristics Comparison Assessment

The Auditory-Sequential Learner

The Visual-Spatial Learner

For each item below, please rate which of the two alternatives best describes the person being evaluated.

1. Thinks primarily in words..... or..... Thinks primarily in pictures
 very strongly strongly unsure strongly very strongly
2. Has auditory strengths or..... Has visual strengths
 very strongly strongly unsure strongly very strongly
3. Relates well to time or..... Relates well to space
 very strongly strongly unsure strongly very strongly
4. Is a step-by-step learner..... or..... Is a whole-part learner
 very strongly strongly unsure strongly very strongly
5. Learns by trial and error or..... Learns concepts all at once
 very strongly strongly unsure strongly very strongly
6. Progresses sequentially from easy to difficult material or Learns complex concepts easily; struggles with easy skills
 very strongly strongly unsure strongly very strongly
7. Is an analytical thinker..... or..... Is a good synthesizer
 very strongly strongly unsure strongly very strongly
8. Attends well to details..... or..... Sees the big picture; may miss details
 very strongly strongly unsure strongly very strongly
9. Follows oral directions well..... or..... Reads maps well
 very strongly strongly unsure strongly very strongly
10. Does well at arithmetic or..... Is better at math reasoning than computation
 very strongly strongly unsure strongly very strongly
11. Learns phonics easily..... or..... Learns whole words easily
 very strongly strongly unsure strongly very strongly
12. Can sound out spelling words..... or..... Must visualize words to spell them
 very strongly strongly unsure strongly very strongly
13. Can write quickly and neatly or..... Much better at keyboarding than handwriting
 very strongly strongly unsure strongly very strongly

