



CHILD HISTORY & BACKGROUND QUESTIONNAIRE

Please answer all of the questions below to the best of your ability to help with your first appointment so that we can more fully learn about your child. You can discuss any questions you may have when you meet with your clinician.

To your first appointment, please bring copies of your child's recent school report cards, standardized test score results, and any educational, medical, or psychological reports.

BASIC INFORMATION

Child's Name: _____

Date Today: _____

Sex: Male Female

Child's Age: _____ years _____ months Date of Birth: _____

Name of person completing this form: _____ Relation to Child: _____

Child's School: _____ Grade: _____

REASON FOR REFERRAL

Who referred you to In Step? _____

Phone Number: _____

Email: _____

Briefly describe the reason(s) you have brought your child to In Step:

How old was your child when you began to have concerns? _____

Have any other family members shown similar characteristics? Yes No

Whom? _____

Has your child received a previous evaluation or intervention for similar reasons? Yes No

If yes, when and with whom? _____

How satisfied were you with the outcome(s)? Why did you choose to seek services elsewhere?



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Is your child on any medications at this time? Yes No

If Yes, please list: _____

Please provide name and contact information of prescribing physician:

HOUSEHOLD INFORMATION

Please list all those that live at home below:

Adults:

	Name	Age	Relationship	History of emotional and/or learning difficulties
1.				
2.				
3.				
4.				

Children:

	Name	Age	Relationship	History of emotional and/or learning difficulties
1.				
2.				
3.				
4.				
5.				
6.				

What languages are spoken at home:

Does this child speak/understand any other languages other than English? Yes No

If Yes, please list the languages:

Please describe any cultural or religious practices or preferences you'd like us to take into account:



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If parents are separated or divorced, when did the separation/divorce occur? _____

What are the custody arrangements?

Is there a joint custody agreement? _____

If so, do both parents agree to seek services at In Step? Yes No

Does one parent have primary physical custody? Yes No

How often does your child see each parent? _____

DEVELOPMENTAL HISTORY

* Mother's age at child's birth: _____ Father's age at child's birth: _____

Duration of Pregnancy (weeks or months): _____

Were there any complications during pregnancy? Yes No

If so, please describe below:

Compared with other children, your child's early development seemed:

Normal Delayed Advanced

Was your child adopted? Yes No

If yes, child age at adoption: _____

**if your child is adopted, please fill out biological maternal/paternal history as fully as you can*

Tell us about your child's milestones. They include: smiling, babbling, speaking words, speaking sentences, crawling, walking, toilet training, reaching for familiar people, wrote first word

If delayed, please describe:

If advanced, please describe:



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Has your child ever voiced any questions/concerns about gender or sexual identity?

Please describe any dietary restrictions or food allergies your child has:

EDUCATIONAL BACKGROUND

Does your child have academic problems? Yes No

If Yes, please explain:

When did school problems begin (or first come to your attention)?

Has your child been diagnosed with a learning disability? Yes No.

If Yes, please explain:

Has your child been diagnosed with ADHD? Yes No

Did teachers report anything special or unusual about his or her early school performance?



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Did your child show unusual abilities in any academic area (e.g., reading, math) at an early age?

Yes No

If Yes, explain:

Has your child ever been in a special class placement, received remedial help or had tutoring?

Yes No

If Yes, please specify:

Has your child changed schools for reasons other than normal academic progression?

Yes No

If Yes, when and for what reason?

Has your child skipped or repeated a grade in school? Yes No

If Yes, please explain:

How is your child's relationship with his or her teacher? Excellent Average Poor



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SOCIAL DEVELOPMENT

How is your child's relationship with peers? Excellent Average Poor

How many close friends does your child have? _____

How many times a week does your child see friends outside of school? _____

What extracurricular activities does your child participate in?

Beyond family, what is the age group of the people that your child prefers to be around?

Younger Children Same-Age Children Older Children Adults

How well does your child relate to other children at school?

How does your child adapt socially to:

One-on-one situations?

Small group situations?

Large group situations?



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Please rate your child on each item below. Choose and mark with "X" the rating which best describes the behavior of your child.

Does your child do the following?

Behavior	Not Observed	Rarely	Never	Sometimes	Often	Almost Always
Maintains good eye contact						
Uses appropriate tone and volume when speaking						
Actively listens when spoken to						
Shows interest in another by asking questions						
Stops when others ask him/her to stop						
Is able to accurately understand the social signals of peers						
Calms down easily when upset						
Is able to go with the flow of others						
Is able to express feelings with words rather than actions						
Is able to understand the perspective of others						
Is able to transition easily between conversations and activities						
Is able to tolerate sensory stimulation						

Describe any major stresses that might be affecting your child now (e.g., death, divorce, trauma):



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DISCIPLINE

What disciplinary techniques are successful with your child? (For example, ignoring problem behavior, yelling, spanking, threatening, reasoning)

What disciplinary techniques have you tried that were not successful with your child?

ENJOYMENT

What activities or subjects at school does your child most enjoy?

What activities or subjects at school does your child least enjoy?

What do you most enjoy about your child?

What do you find most challenging about your child?