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Developmental History Questionnaire

Today's Date

Child's Name

Date of Birth

Age

Address

Telephone #

Parent e-mail address

Insurance company

Subscriber # on your insurance card

Subscriber Name

Subscriber Date of Birth

Subscriber's Employer

Pediatrician's name and practice name

By whom were you referred?

Parent 1 – name, age, occupation

Parent 2 – name, age, occupation

Are parents married, separated, divorced, or never married?

Siblings:

Others living in the home:

Other relatives not living at home (such as a non-custodial parent or a sibling at college)

What concerns do you have about your child?

When did these problems start?

What information are you hoping that the evaluation will provide?

General Developmental History

Was your child born earlier than the usual nine months gestation? If so, how early?

Were there any medical complications before or after birth?

Your child's birth weight pounds ounces

How would you describe your child as a baby?

As an infant, did your child have difficulty with feeding?

Sleep?

Did your child's early motor and language development seem on target?

Does he or she receive any Early Intervention services? Or preschool services on an IEP? Please describe (e.g. "Speech therapy 2 hours a week.")

Why was he or she referred to EI? When did services start?

When did your child begin to

Crawl	
Sit up, without support	
Walk without support	
Speak a few words	
Put words together	
Be toilet trained during the day	
Be toilet trained at night	

Medical and Health

Has your child had any serious illnesses, operations, or injuries?

Does he or she have a history of ear infections? How many? Tubes placed?

Does your child have allergies?

Please list any medications, either prescription or over the counter

Has your child been seen by any medical specialists? Please describe.

Are there any other medical concerns about your child? Please be specific.

Speech and Language

What languages are spoken in your home? What is your child's primary language?

As a baby, did your child smile at you in response to your smile? Imitate sounds or facial expressions?

Did your child respond to his or her name being called, by around age one?

Did your child point, to show you things, by about age one?
If not, when did pointing begin?

When did your child begin to use words to communicate?

When did two-word combinations and short sentences begin to appear?

Does your child have difficulty communicating now? If so, please describe.

Has your child regressed in receptive or expressive language skills? For example, did he use words before that he does not speak now?

Please describe any other concerns you have about your child's speech and language development.

Motor Coordination

What activities does your child enjoy on a playground?

Is there any physical activity which he or she dislikes? Anything that he or she seems to not be able to do as well as others the same age?

Does your child seem uncoordinated? If so, please describe.

Does he or she have difficulty learning new motor skills?

Does your child enjoy playing with fine-motor toys such as puzzles?

Are there any fine motor activities which your child dislikes, or can't do as well as others the same age?

Sensory

Does your child have any unusual reactions to sights, sounds, or touch?

Does your child avoid making eye contact?

Is your child picky about food or clothing textures?

Does he or she become over-stimulated in busy or noisy places? If so, please describe.

Social and Play Development

What play activities and toys does your child enjoy?

How would you describe your child's temperament?

How does your child interact with other children?

Does his or her attention span, or behavior, affect the ability to play with peers?

How does your child occupy him or herself?

Does your child have any intense interests or preoccupations? Please describe.

Does he or she have any repetitive behaviors, such as flicking lights on and off, or spinning around?

How does your child react in busy or noisy environments?

Family History

Where was your child born?

Is he or she a biological, adopted, or foster child?

How does your child relate to other family members?

Has anything traumatic happened in your child's life (such as separation from a parent, death of a relative) that might have upset him or her?

Do any relatives, including extended family, have learning disabilities, attention deficit disorder, or a mental health diagnosis such as anxiety or depression?

Education

Does your child attend day care or preschool? How many hours per week?

How does your child react to preschool or day care?

How do you feel about his or her preschool or day care?

Additional Information:

Please describe your child's strengths and best qualities.

Please use the space below to discuss any other relevant information about your child or any other concerns that you have.