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Child/Adolescent Development Assessment Form

FOR FAMILY MEMBER TO COMPLETE

Child's Name: _____ Date of Birth: _____ Age: ____ Sex: ____
Last First Middle

Address: _____
Street City State Zip

Home Telephone Number: _____
Area Code Number

Informant: _____ Relationship to Child: _____

Father's Name: _____ Age: _____
Last First Middle

Father's Occupation: _____ Business Add.: _____ Phone #: _____

Mother's Name: _____ Age: _____
Last First Middle

Mother's Occupation: _____ Business Add.: _____ Phone #: _____

Child's Current School: _____ Grade: _____
Name Address

Name of Authorized School Informant: _____
Name

Referral Source: _____
Name

Child's Pediatrician: _____
Name Address

Other Informants: _____
Name Address

Name Address

Name Address

FAMILY HISTORY – MOTHER

Age: _____

Sterility problems (specify): _____

School: Highest grade completed: _____

Learning problems (specify): _____ Grade repeat: _____

Behavior problems (specify): _____

Medical problems (specify): _____

Have any of your blood relatives (not including patient and siblings) ever had problems similar to those your child has? _____ If so, describe:

FAMILY HISTORY – FATHER

Age: _____ Age at the time of the patient's conception: _____

Sterility problems (specify): _____

School: Highest grade completed: _____

Learning problems (specify): _____ Grade repeat: _____

Behavior problems (specify): _____

Medical problems (specify): _____

Have any of your blood relatives (not including patient and siblings) ever had problems similar to those your child has? _____ If so, describe:

LIFE STRESSORS

Eg. significant deaths, separations, moves, accidents, traumatic events. Describe:

FAMILY HISTORY

If any of the following family members have had problems listed below, check appropriate box and specify.

	Child's Mother	Child's Father	Child's Siblings	Child's Maternal Grandparents	Child's Paternal Grandparents	Child's Uncles/ Aunts
Born with physical defect (specify)						
Serious medical illness						
Convulsions (fits or seizures)						
Emotional problems, (e.g., psychiatric hospitalization depression, suicide attempt)						
Speech or language problems						
Academic problems, learning disability						
Hyperactivity						
Alcoholism						
Drug abuse						
Delinquency						

MEDICAL HISTORY

Child's approximate height: _____ Weight: _____

Childhood illnesses (state age and describe):

Allergies: _____

Asthma: _____

Accidents: _____

Hospitalizations (operations): _____

Head injuries: _____

Convulsions: _____

Highest fever recorded: _____

Eye problems: _____

Hearing problems: _____

Medications used regularly: _____

Onset of puberty: Boys; growth spurt, axillary hair: _____
 age age

Girls: Breast development, onset of menstruation: _____
 age age

Sexual interest: _____

TYPICAL DAILY SCHEDULE OF CHILD/ADOLESCENT

Weekday	Weekend
6 a.m.	6 a.m.
7 a.m.	7 a.m.
8 a.m.	8 a.m.
9 a.m.	9 a.m.
10 a.m.	10 a.m.
11 a.m.	11 a.m.
12 noon	12 noon
1 p.m.	1 p.m.
2 p.m.	2 p.m.
3 p.m.	3 p.m.
4 p.m.	4 p.m.
5 p.m.	5 p.m.
6 p.m.	6 p.m.
7 p.m.	7 p.m.
8 p.m.	8 p.m.
9 p.m.	9 p.m.
10 p.m.	10 p.m.
11 p.m.	11 p.m.
12 midnight	12 midnight

FAMILY CONSTELLATION

The child lives with both natural parents:

Yes

No

If no, check the appropriate boxes:

	Child lives with	Non-residential adults involved with child
Natural mother		
Natural father		
Stepmother		
Stepfather		
Adoptive mother		
Adoptive father		
Foster parent		
Other (e.g., housekeeper, mother's companion, etc.)		

Siblings (include half and and step siblings):

Name: _____ Age: _____ Lives with child: Yes: _____ No: _____

Name: _____ Age: _____ Lives with child: Yes: _____ No: _____

Name: _____ Age: _____ Lives with child: Yes: _____ No: _____

Name: _____ Age: _____ Lives with child: Yes: _____ No: _____

Name: _____ Age: _____ Lives with child: Yes: _____ No: _____

PURPOSE OF THE CONSULTATION

(Brief summary of the presenting problem)

DEVELOPMENTAL HISTORY – Perinatal Period

Age of mother at baby's birth: _____

Age of father at baby's birth: _____

Number of full term pregnancies, abortions or miscarriages and approximate dates:

Complications during pregnancy (include excessive vomiting, bleeding, operations, illness, toxemia):

Medications taken during pregnancy: _____

Alcohol consumption (describe usage): _____

Other drugs used (describe usage): _____

DELIVERY

Duration of labor: _____ Hours: _____

Type of labor: Spontaneous: _____ Induced: _____

Labor experienced as: Easy: _____ Somewhat difficult: _____ Very difficult: _____

Forceps: High: _____ Middle: _____ Low: _____

Type of delivery: Normal: _____ Breech: _____ Caesaraen: _____

Birth weight: _____

Apgar score (if known): _____

COMPLICATIONS

Prematurity (number of weeks): _____

Postmaturity (number of weeks): _____

Birth injury (describe): _____

Birth defects: _____

Cyanosis (blue): _____

Jaundice: _____

Convulsions: _____

Number of days baby remained in hospital: _____

Special treatment while in the hospital: _____

Incubator care: _____

Mother's health post delivery (describe): _____

INFANCY

Sleeping patterns (describe): _____

Feeding patterns: Breast fed: _____ Bottle fed: _____

Feeding difficulties: Colic: Yes: _____ No: _____

If yes, describe:

Allergies: Yes: _____ No: _____

If yes, describe:

TEMPERAMENT

	Never	Rarely	Sometimes	Often
The baby was easily upset				
The baby was excessively restless				
The baby cried excessively or in a strange way				
The baby reacted badly to new experiences (new foods, places)				
The baby did not seem to enjoy cuddling				
The baby exhibited frequent headbanging				
The baby was unusually sensitive to bright lights				
The baby was unusually sensitive to loud noises				
The baby was upset when a stranger was present from _____ (age) months to _____ (age) months				
The baby was upset when left with a familiar babysitter				

DEVELOPMENTAL MILESTONES

	Age	Months
Approximate age baby first smiled at a person		
Sat without support		
Crawled		
Spoke words		
Phrases		

TODDLER PERIOD

Toilet training was achieved for bowels: day: _____
night: _____
age in months

Toilet training was achieved for bladder: day: _____
night: _____
age in months

The child needed to carry or sleep with a special object (e.g., blanket, stuffed animal). Describe:

The child had certain habits (e.g., thumbsucking). Describe:

The baby spoke in sentences from age: _____

	Never	Rarely	Sometimes	Often
There were difficulties in articulation				
There were difficulties in communicating his/her needs				
There were difficulties in understanding others				

The child sleeps: Alone: _____ With sibling: _____ With parent: _____

	Never	Rarely	Sometimes	Often
There were sleep problems				
The child had temper tantrums				
The child had night terrors (screaming while asleep)				
The child paid no attention to the word "No"				
The child avoided rough and tumble play				
The child disliked quiet activities				
The child seemed clumsy and poorly coordinated				

PRESCHOOL PERIOD

	Never	Rarely	Sometimes	Often
The child avoided playing with other children and preferred to play alone				
The child was shy with strangers				
The child was fearful				
The child became angry				
The child had specific fears Name them: _____ _____ _____ _____				
The child took a long time to settle down after being upset				
The child was easily distracted from an activity				

The first group experience was at age: _____

Nursery school (name): _____

Kindergarten (name): _____

Specific problems in adjustment: _____

SCHOOL AGE PERIOD

Schools attended (include religious schools) (name): _____

The child had academic difficulties:	Never	Rarely	Sometimes	Often
Reading				
Writing				
Spelling				
Mathematics				

The child is in his age appropriate grade: Yes: _____ No: _____

Skipped a grade (name the grade): _____

Was held back a grade (name the grade): _____

The child needed special class placement: Yes: _____ No: _____

The child needed remedial work: Yes: _____ No: _____

	Never	Rarely	Sometimes	Often
The teachers reported behavioral problems				
The behaviors noted were:				
Fighting with other children				
Moodiness				
Refusal to listen to teacher				
Overactivity in the classroom				
Distractibility				
The child refused to go to school				

Describe other classroom behaviors: _____

The child has close friends: Yes: _____ No: _____

Approximate number: _____

The friends are near his or her own age: Yes: _____ No: _____

Describe problems with older/younger friends: _____

	Never	Rarely	Sometimes	Often
At home the child had problems with family members				

Name the members and describe problems: _____

	Never	Rarely	Sometimes	Often
The child has been in trouble with authority figures outside the home				

Describe: _____

ADOLESCENT PERIOD

Schools attended (name): _____

	Never	Rarely	Sometimes	Often
The adolescent had academic difficulties				
Name the particular difficulties:				
English				
Foreign language				
Mathematics				
Science				
Behavior problems:				
Aggressive behavior				
Truancy				
Trouble with authorities				
Rebelliousness				

Describe: _____

Describe quality of friends: _____

	Never	Rarely	Sometimes	Often
Use of street drugs				
Use of alcohol				

Describe: _____

Interests and accomplishments (describe): _____

INTERPERSONAL RELATIONSHIPS

Does the child/adolescent have close friends? _____

How does he react to peers? _____

Does the child get in fights? _____

How does the child spend time, and who with, when not in school? _____

What are the child's strengths and assets (sports, aptitudes, talents)?

CHILD AND ADOLESCENT BEHAVIORAL CHARACTERISTICS

Extroverted Group

A. Extroverted	Never	Rarely	Sometimes	Often
1. Outgoing				
2. Energies are directed outside into school activities, hobbies, etc.				
B. Expressive				
3. Talkative				
4. Creative, artistic				
5. Imaginative				
6. Has active fantasy life				
C. Exhibitionistic				
7. Attention seeking				
8. Histrionic (dramatic)				
9. Joking, clowning behavior				
10. Bravado manner				
11. Seductive in dress and manner				

Inhibited Group

A. Inhibited	Never	Rarely	Sometimes	Often
12. Constricted, low keyed				
13. Unsociable				
14. Lack of spontaneity				
15. Orderly, controlled				
B. Obsessive				
16. Intellectualized (isolation of affect)				
17. Perfectionistic				
18. Unimaginative (poor access to fantasy)				
C. Cautious				
19. Shy				
20. Guarded				
21. Worry of rejection				
22. Vulnerable self-esteem				
23. Pessimistic				
D. Pseudomature				
24. Parentified				
25. Reliable				
26. Conscientious				
27. Conventional				

E. Anxious	Never	Rarely	Sometimes	Often
28. Tense				
29. Highstrung				
30. Irritable				
31. Fearful (with phobic trends)				

Impulsive Group

A. Impulsive	Never	Rarely	Sometimes	Often
32. Poor impulse control				
33. Low frustration tolerance				
34. Acts without thinking				
B. Hyperactive				
35. Fidgety, restless				
36. Always on the go				
C. Distractible				
37. Easily distracted				
38. Unable to concentrate in school				
D. Aggressive				
39. Fights with peers and siblings				
40. Struggles with parents frequently				
41. Prominent aggressive themes in fantasies and dreams				
E. Behavior problems				
42. Antisocial behavior, gets in trouble with others				
43. Abuses drugs or alcohol				
44. Lacks guilt				

TEMPERAMENTAL TRAITS

If any family member exhibits the following traits, please place the appropriate number from the list on the following page in the designated space.

Example:

Name

17, 19, 21, 24, 30, 38

Relationship to patient

Name

Relationship to patient

Name

Relationship to patient

Name

Relationship to patient

Name

Relationship to patient

Name

Relationship to patient

Name

Relationship to patient

TEMPERAMENTAL TRAITS, CHARACTERISTICS, AND SYMPTOMS

1. Bodily complaints; hypochondriasis	30. Heightened self-confidence; overoptimism; mild euphoria
2. Dissatisfaction (chronic) or pleasurelessness	31. Hypersexuality or promiscuity
3. Dysphoria (sadness, Weltschmerz, tearfulness)	32. Insensitivity or coarseness
4. Easy fatiguability	33. Lack of insight
5. Guilt over minor indiscretions	34. Overinvolvement in various schemes
6. Indecisiveness	35. Overspending
7. Inordinate examination fear	36. Raucous laughter or scatological humor or inveterate punning
8. Joylessness in work	37. Stubbornness
9. Lack of initiative	38. Talking too much, or too loud
10. Morbid fear of poverty	39. Teasing others inordinately
11. Pessimism	40. "Wanderlust" (inability to settle in one place; constant need to travel or roam from one place to another)
12. Scrupulosity	41. Blames others
13. Self doubt; excessive worry	42. Grudge-holding; unforgiving
14. Suicidal ruminations	43. Humorless
15. Terrifying dreams	44. Hypercritical of others
16. Abusiveness	45. Litigious
17. Heightened premenstrual irritability	46. Quarrelsome
18. Impulsivity	47. Resentful
19. Irritability	48. Suspicious (marked) – or <u>intense</u> jealousy
20. Jealousy	49. Eccentric
21. Labile mood	50. Excessively reserved
22. Mild irascible	51. "Loner"
23. Opinionated; dogmatic	52. Self-consciousness (severe)
24. Alcoholism	53. Shyness (moderate to extreme)
25. Arrogance	54. Superstitious
26. Boastfulness	55. Unsociable
27. Compulsive gambling	56. Withdrawn
28. Distractibility	57. Overly sensitive
29. Extraverted; very "out-going"	