

DEVELOPMENT AND ATTACHMENT HISTORY

Pregnancy and Birth:

Is the child adopted? Yes No Has the child been told he/she is adopted? Yes No
Was the pregnancy planned? _____
How was the mother's health during pregnancy? _____
Any information regarding the birth? (premature, length of labor, forceps delivery, complications) _____

Early Childhood:

During the first six months, did baby or mother have any problems in the following areas?

Depression _____
Breastfeeding _____
Formula _____
Allergies _____
Colic _____
Sleeping _____

After the first six months were there any problems in the following areas?

Eating difficulties _____
Sleeping difficulties _____
Does child have own bed? Yes No If no, who does he/she sleep with? _____
Does child have nightmares? Yes No Does child wet bed? Yes No
How many hours a night does child sleep? _____

Physical

Does the child have speech difficulties? Yes No

Was the child early _____ average _____ late _____ sitting?

Was the child early _____ average _____ late _____ standing?

Was the child early _____ average _____ late _____ walking?

Was the child early _____ average _____ late _____ talking?

Was toilet learning easy to complete? Yes No

Does the child still have soiling or wetting problems? Yes No

Any vision or hearing problems with child? Yes No

Health

Any unusual medical problems? Yes No If yes, explain: _____

Has the child been hospitalized frequently? Yes No If yes, explain: _____

Is the child on medications now? Yes No If yes, what? _____

Are immunizations up to date? Yes No

Child Care

Does someone other than mother/father/guardian have more than occasional responsibility for the child? Yes No If yes, who? _____

Is the child in day care? Yes No

Who disciplines the child? _____

What methods are used? _____

How effective has this been? _____

Have the parents talked to the child about sexual matters (if age appropriate)? Yes No

Social/School

How many friends does the child have? None Few Many

What age group does the child get along with best? _____

Has the family moved frequently? Yes No

Has the child had any problems in school? (describe)

Academic (learning, special classes) _____

Behavioral _____

Has the child had any legal or juvenile court problems? Yes No

Has the child ever had any problems with alcohol or drugs? Yes No

Other Concerns or Comments: