

DEVELOPMENTAL HISTORY FORM - GROUP

Name: _____

Today's Date: _____

Is this child... ☐ Adopted ☐ Foster ☐ Biological ☐ Other: _____

This form serves two purposes. The first is for us to obtain a complete record of the requested information which will help us prepare for the child's consultation. The second is to help you anticipate what areas of your child's development you may want to stress during the consult as significant to his or her current functioning.

DEVELOPMENTAL HISTORY:

Developmental Milestones - Motor

Was your child's early gross motor activity: ☐ Normal ☐ Clumsy ☐ Robotic ☐ Other _____

Was your child's early fine motor abilities: ☐ Normal ☐ Adequate ☐ Poor ☐ Other _____

Developmental Milestones - Speech, Language, Communication:

Please rate the following areas as they best apply:

	<u>Normal</u>	<u>Adequate</u>	<u>Concern</u>	<u>Poor</u>
Babbling at 6mos.	1	2	3	4
First word at 12 mos. <i>First word was:</i>	1	2	3	4
2 word combination at 24 mos.	1	2	3	4
3 word combination at 3yrs.	1	2	3	4

Speech Problems:

Misarticulations: ☐ No ☐ Yes ☐ Describe: _____

Speech was: ☐ Normal ☐ Slow ☐ Rapid/pressured ☐ Other: _____

Inflection was: ☐ Normal ☐ Flat ☐ Monotonous ☐ Mechanical ☐ Pedantic

Does (or did) your child's quality of language or conversational content include:

Cohesion in conversation ☐ Yes ☐ No

Idiosyncratic use of words ☐ Yes ☐ No

Repetitive patterns of speech ☐ Yes ☐ No

Echolalia ☐ Yes ☐ No

Conversation with others on topics of mutual interest: ☐ Yes ☐ No

Non-verbal / Non-literal Communication:

Please rate the following abilities as they best apply:

	<u>Normal</u>	<u>Adequate</u>	<u>Concern</u>	<u>Poor</u>
Interpreting facial expressions:	1	2	3	4
Using facial expressions:	1	2	3	4
Making eye-contact	1	2	3	4
Giving messages with eyes	1	2	3	4
Using hand gestures	1	2	3	4
Cognizant of body in space	1	2	3	4
Maintains proper distance from others	1	2	3	4
Maintains body posture	1	2	3	4
Responding to nonverbal cues in conversation	1	2	3	4

Do you suspect your child could read facial expressions and use body language if prompted, or do you feel he or she has a deficit in this ability? _____

Does your child understand:

- Non-literal speech: ☐ Yes ☐ No
- Irony: ☐ Yes ☐ No
- Sarcasm: ☐ Yes ☐ No
- Joking: ☐ Yes ☐ No
- Metaphors: ☐ Yes ☐ No
- Intent of communication ☐ Yes ☐ No

Emotions: Please rate the following at they relate to emotions:

- Understanding of Emotions: ☐ Full Range ☐ Only knows Sad, Happy, Angry ☐ Difficulty with Understanding
- Changes In affect: ☐ Smooth ☐ Fixed ☐ Abrupt ☐ Other: _____

Did (or does) your child have difficulty understanding the feelings of others? ☐ Yes ☐ No

Cognitive Functioning: Does (or is) your child:

Good at details: ☐ Yes ☐ No

See the whole picture: ☐ Yes ☐ No

Able to generate alternative solutions to problems: ☐ Yes ☐ No

Social Interactions:

Does your child feels anxious in situations involving new people: ☐ Yes ☐ No

Is your child preoccupied with inner world or “out of touch: ☐ Yes ☐ No

Did (or does) your child engage in mutual sharing of interests? ☐ Yes ☐ No

Currently, is your child’s play:

☐ Independent ☐ Parallel (beside) ☐ Interactive with peers ☐ Cooperative

Social Functioning:

Check all that apply to your child **BOTH PAST and PRESENT**

	<u>Yes</u>	<u>No</u>
Take care of personal needs:	<input type="checkbox"/>	<input type="checkbox"/>
Have close friends:	<input type="checkbox"/>	<input type="checkbox"/>
Avoid others:	<input type="checkbox"/>	<input type="checkbox"/>
Have interest in friends:	<input type="checkbox"/>	<input type="checkbox"/>
Have the skills to interact with others:	<input type="checkbox"/>	<input type="checkbox"/>
Have the following rite of entry skills (or deficits):	<input type="checkbox"/>	<input type="checkbox"/>
Greet other in an appropriate manner:	<input type="checkbox"/>	<input type="checkbox"/>
Read cues to enter group:	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty or clumsy approach to group:	<input type="checkbox"/>	<input type="checkbox"/>
Have exit skills:	<input type="checkbox"/>	<input type="checkbox"/>

Does your child:

Usually share and take turns willingly? ☐ Yes ☐ No

Usually plays well with two or more children? ☐ Yes ☐ No

Willingly and cooperatively participates in a small group, activity or game? ☐ Yes ☐ No

Have one sided response to conversations ☐ Yes ☐ No

Have a one-sided response to peers ☐ Yes ☐ No

Interests:

Is your child's range of interests:

- ☐ Nonexistent (child doesn't like anything)
- ☐ Restricted to 1 interest (child seems obsessed by one area of interest)
- ☐ Restricted to 1 or 2 interests
- ☐ Typical
- ☐ Other:

Please describe your child's interests:

Please rate your child's history with the following abilities, as they best apply:

	<u>Over-Developed</u>	<u>Normal</u>	<u>Under-Developed</u>
Savant skills:	1	2	3
Rote memory of facts:	1	2	3

Please check all the describe your child's current use of toys:

- ☐ Sequenced, lined up
- ☐ Repetitive
- ☐ Restrictive
- ☐ Cognitive flexibility
- ☐ Able to shift from one theme to another
- ☐ Able to shift to peer's interest
- ☐ Preoccupation with parts
- ☐ Symbolic use

Comments:

Sensory integration:

Did or does your child have sensory integration difficulties (difficulty with sensory system modulation)?

☐ Yes ☐ No Explain:

Self-stimulation Behaviors:

Does (or did) your child engage in self stimulating behaviors (eg., flapping, rocking sifting, etc.)?

Need for Sameness:

Did (or does) your child have:

- ☐ Yes ☐ No Difficulties in transitions
- ☐ Yes ☐ No Difficulty with small, non-functional changes in routines or details