

CHILD DEVELOPMENTAL INVENTORY

NAME: _____ DATE: _____
AGE: _____ SEX: Male Female T or Q BIRTHDATE: _____
SCHOOL: _____ GRADE: _____

I. Pregnancy and Birth

1. Were there any illnesses during the mother's pregnancy? No ___ Yes ___
2. Was the pregnancy a full nine months? No ___ Yes ___
If not, how long? _____
3. How much did he/she weigh at birth? _____ lb _____ oz
4. Did child have any trouble starting to breathe? No ___ Yes ___
5. Did child have any trouble in the hospital? No ___ Yes ___
6. Did child remain in hospital after mother went home? No ___ Yes ___
7. How long did he/she stay in the hospital? _____ days

II. Development

1. Did child sit alone before seven months of age? No ___ Yes ___
2. Did child walk alone before 15 months of age? No ___ Yes ___
3. Did child say any words by one and one-half years of age? No ___ Yes ___
4. Is he/she as quick in learning as other children in the family? No ___ Yes ___

III. Accidents

1. Has child had any serious accidents? No ___ Yes ___
Burns _____ Poisoning _____ Broken Bones _____ Concussion _____
Cuts needing a doctor _____ Automobile Accidents _____
Other trauma or abuse _____

IV. Family--Social History

1. Are both parents in good health? No ___ Yes ___
2. Are there any other members of child's immediate family (brothers, sisters, parents, grandparents, aunts, uncles) with a serious health problem (mental or physical)? No ___ Yes ___
List each problem and who has it _____

3. Does anyone help take care of the child on a regular basis? No ___ Yes ___
4. Has your child or family experienced any major losses or stressful events? No ___ Yes ___

5. What is the family's culture and religion? _____

V. Infections, Illnesses, and Other Problems

- Has child
1. Had any trouble hearing? No ___ Yes ___
 2. Had his/her hearing tested? No ___ Yes ___
 3. Had tubes in ears? No ___ Yes ___

4. Had any trouble seeing? No ___ Yes ___
5. Had his/her eyes tested? No ___ Yes ___
6. More than fifteen (15) absences from school last year? No ___ Yes ___
Reason? _____
7. Ever had convulsion, fainting spell, or seizure? No ___ Yes ___
8. Had fever over 101 degrees? No ___ Yes ___
Highest temperature? _____ How long? _____
9. Had to stay in the hospital overnight? No ___ Yes ___
Why? _____
10. Currently or in the past has child taken medication for an extended period of time? No ___ Yes ___
If so, please list medications and reasons for taking medications. _____

11. Any other diseases or health problems which might influence his/her learning or activity; i.e., heart problems, diabetes, kidney problems, hyperactivity, allergies? Please explain. _____

12. Date of last visit with physician? _____ Physician's name? _____

VI. Behavior and Discipline

1. How do you feel this child gets along in school? _____

2. Are you worried about any school problems? No ___ Yes ___ If yes, please List. _____

3. Has child repeated any grade? No ___ Yes ___ Which grade? _____
4. Does child get along well with other children? No ___ Yes ___
5. What is the most effective way of disciplining this child? _____

6. How does child get along with his/her brothers/sisters? _____

7. What have you found to be most effective in getting this child's cooperation? _____

8. Are you concerned about any of the following? (Circle which ones)
- | | | |
|----------------------------------|-----------------------------|---------------------------------|
| Bad temper | Depression | Does not eat well |
| Conduct Problem | Self esteem issues | Weight gain/loss |
| Irritable/anger issues | Isolating | Nailbiting |
| Overactive or Impulsive | Very shy | Thumbsucking |
| Drug or alcohol use | Worries or anxiety or fears | Slow to learn |
| Trouble with the law | Jealousy | Does not pay attention |
| Acting out sexually | Sleep problems | Poor Concentration |
| Destructive behavior | Nightmares | Memory problems |
| Self harm behavior | Wets bed | Speech problems |
| Suicidal or homicidal statements | Obsesses | Headache/stomachache complaints |

Signature: _____ Date: _____

Relationship to Child: _____

Comments: _____

