



### PERSONAL DEVELOPMENT HISTORY FORM

Information pertaining to family and general development can be supplied by parents or guardians, or other family members authorized to provide information about the child.

Child's Name \_\_\_\_\_  
Sex: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age \_\_\_\_\_

#### FAMILY HISTORY

Father's name: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (Work): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (Work): \_\_\_\_\_

Father's occupation \_\_\_\_\_ Employed by: \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Employed by: \_\_\_\_\_

Present marital status of parents:

- Married  
  Divorced  
  Separated  
  Single  
  Visiting  
  Common Law  
 Other: \_\_\_\_\_

Are both parents the child's natural parents?       Yes    No

If not, please explain briefly

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List all the children in the family, including the child described above.

Name	Birth date	Class in school



If the child has had the following diseases or conditions, please check. List approximate dates, if known

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Pertusis (whooping cough) | <input type="checkbox"/> Chickenpox      | <input type="checkbox"/> Swollen glands   | <input type="checkbox"/> Constipation         |
| <input type="checkbox"/> Measles (rubella)         | <input type="checkbox"/> Scarlet fever   | <input type="checkbox"/> Otitis           | <input type="checkbox"/> Head injuries        |
| <input type="checkbox"/> Rubella                   | <input type="checkbox"/> Diphtheria      | <input type="checkbox"/> Colds (frequent) | <input type="checkbox"/> Convulsions          |
| <input type="checkbox"/> Mumps                     | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Tonsillitis      | <input type="checkbox"/> Allergies (describe) |

Age at which child sat up alone: \_\_\_\_\_ months

Age at which child walked: \_\_\_\_\_ months

Was there any difficulty in any of the above?  Yes  No

If yes, please explain

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Age at which child toilet trained: \_\_\_\_\_ months. Was there any difficulty?  Yes  No

If yes, please explain

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Have you noticed any sudden personality or behavior changes in your child?

Yes  No If yes, please explain (use reverse side if necessary)

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Is there a history of fractures or surgery?  Yes  No

Is or has the child been on medication or drugs?  Yes  No

Type

Date

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Present medications and dosages

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**EDUCATIONAL STATUS**

1. Has the child ever attended any type of school?  Yes  No

2. Last school

Attended: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

3. For what reason is the child not attending school (Mark any that apply or go to #4):

- Child is institutionalized: if so, where?
- Child is blind or otherwise visually impaired
- Child is deaf or otherwise hearing impaired
- Child is mentally retarded
- Child has a physical disability
- Child has serious health problem
- Child is disadvantaged or from migrant family
- Child has dropped out

*If the child is attending school, answer the question bellow:*

4. Child's immediate difficulties (what do you believe to be his problem?)

\_\_\_\_\_

5. Major contributing factors (what do you believe to be the major factors contributing to this problem?)

\_\_\_\_\_

6. Current grades (are these typical of the child's performance?)

\_\_\_\_\_

7. Special abilities:

\_\_\_\_\_

8. Special disabilities (physical, social, emotional)

\_\_\_\_\_

## SCHOOL BACKGROUND

Parent-school relationship (please comment)

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What is your child's favorite subject in school? \_\_\_\_\_

In what school subject does your child do best? \_\_\_\_\_

Attendance (check one)

- Regular
- Frequently absent; or erratic
- Occasionally absent for a day or two
- Occasionally absent for longer periods

Interest level in class

- Far above average
- Above average
- Average
- Below average
- Far below average

Attitude toward school

- Very positive
- Positive
- Above average
- Average
- Below average
- Far below average

Relationship with peers

- Very good
- Good
- Average
- Poor
- Very poor

Activity level

- Hyperactive
- Above average
- Average
- Below average
- Very withdrawn

Amount of supervision required for control

- Far more than average
- More than average
- Average
- Less than average
- Much less than average

Child's leadership ability

- Far above average
- Above average
- Average
- Below average
- Far below average

Child's general adjustment in school

- Far above average
- Above average
- Average
- Below average
- Far below average

