



Offices: 6 Bridge St., Milton, N.S. & 134 North St., Bridgewater, N.S.

Mailing: P.O. Box 228, Liverpool, N.S., B0T 1K0

Child History Form for Psychoeducational Assessment

****PLEASE BRING TO APPOINTMENT AS WELL AS REPORT CARDS & OTHER DOCUMENTATION****

Child/Teen: _____

Date of Birth: _____

Parents: _____

Address: _____

School: _____ Grade/Program: _____

Referral Source: _____

Assessment Date(s): _____

Chronological Age: _____

PLEASE DESCRIBE WHY YOUR CHILD IS BEING ASSESSED: _____

CHILD LIVES WITH: (please describe who lives in the home including siblings, step-siblings, etc.)

PREGNANCY and DELIVERY – Any problems? No ____ Yes ____

If Yes, please explain when and what: _____

CHILD'S MILESTONES: (Please circle)

	AGE	EARLY/ NORMAL/ LATE		
Sit without help	_____	E	N	L
Crawl	_____	E	N	L
Walk without help	_____	E	N	L
Ride bicycle	_____	E	N	L
Say first words	_____	E	N	L
Say first phrases	_____	E	N	L
Simple sentences	_____	E	N	L
Begin to read	_____	E	N	L
Learned bowel control	_____	E	N	L
Learned bladder control	_____	E	N	L
Stop bedwetting	_____	E	N	L

TEMPERAMENT/PERSONALITY

____ Excellent ____ Good ____ Fair ____ Poor

COMMENTS:

DOES YOUR CHILD TAKE ANY MEDICATIONS? IF YES, PLEASE NAME TYPE AND REASON:

MEDICAL HISTORY: Has your child been hospitalized, had any major illnesses or accidents? No _____
or Yes _____ If yes, please explain:

Last Vision Test and Results:

Last Hearing Test and Results:

Do you have any concerns about your child's sleep habits? (eg. going to bed, falling asleep or waking through the night, etc.)

DID YOUR CHILD EXPERIENCE ANY MAJOR STRESS RECENTLY OR DURING YOUR CHILD'S LIFETIME (conflicts, death, illness, divorce)? No _____ Yes _____

If Yes, please explain when and what:

PLEASE DESCRIBE ANY OTHER SPECIALISTS WORKING WITH YOUR CHILD, PAST OR PRESENT: (therapists, speech language, pediatricians, etc.)

PLEASE LIST YOUR CHILD'S EXTRA-CURRICULAR ACTIVITIES (hobbies, sports, clubs, etc.):

PLEASE DESCRIBE YOUR CHILD'S BEST QUALITIES AND STRENGTHS: _____

EDUCATIONAL HISTORY

PLEASE PROVIDE ANY FAMILY HISTORY OF LEARNING OR BEHAVIORAL DISORDERS:

Currently receives (please check):

- None
- Speech Therapy
- Program Support Teacher _____ Program Support Assistant
- School Counselling _____ Other: _____
- Individual Program Plan (IPP)
- Instructional Adaptation (IA)
- Private Reading or Tutoring Services

Describe any Difficulties in the Following Areas (Feel free to use the back of page as well):

Reading: _____

Math: _____

Recording ideas:

Pencil Skills/Copying:

Behavior:

Peer Relationships:

Concentration/Attention:

Homework:

Organizational Skills:

ADDITIONAL COMMENTS OR QUESTIONS:

COMPLETED BY: _____ **DATE:** _____