



WBC GROUP

Child and Family Developmental Questionnaire

To fill out this form, please move to each field by using the "tab" key.

CHILD INFORMATION

Child's Name: _____ Age: _____ Birth Date: _____

Sex: _____ Ethnicity: _____ Grade Level: _____

Address: _____

Phone Number(s): _____

Siblings (ages, dates of birth): _____

Significant medical problems? _____

Serious illnesses, accidents, or surgeries in the past? _____

Significant medical problems? _____

Serious illnesses, accidents, or surgeries in the past? _____

PARENT INFORMATION

Name: _____ Age: _____ Birth Date: _____

Ethnicity: _____ Occupation? _____ Hours per week? _____

Address: _____

Phone Number(s) _____

Significant medical problems? _____

Serious illnesses, accidents, or surgeries in the past? _____

PARENT INFORMATION

Name: _____ Age: _____ Birth Date: _____

Ethnicity: _____ Occupation? _____ Hours per week? _____

Address: _____

Phone Number(s): _____

Significant medical problems? _____

Serious illnesses, accidents, or surgeries in the past? _____

FAMILY HISTORY

Marital status of parents: _____

What is the current living situation? _____



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What significant events have your family experienced {moves, separations, deaths}?

MEDICAL HISTORY OF THE CHILD

Pediatrician’s name and address: _____

Phone: _____ Currently on medication? _____ If yes, what: _____

Has baby been immunized? _____ Up to date on immunizations? _____

DEVELOPMENTAL HISTORY

A. Period during Pregnancy

Was the child planned? _____ Sex preference? _____

When was pregnancy discovered? _____

How did mother feel about having child? _____

Did mother have any medical or emotional problems during pregnancy (for example, diabetes, bedridden, unusual nervousness, depression)? _____

Did mother receive prenatal care? Starting when/how often? _____

How did father feel about having child? _____ Sex preference? _____

Did mother work during pregnancy? _____ How long? _____

B. Details of Labor and Delivery

Vaginal or C-section birth? _____ Where was baby born? _____

Any complications in labor or delivery? _____

Did mother experience any “blues” after baby’s birth? _____

C. Postnatal

Weight of baby at birth: _____ Was baby full term (9 months)? _____

Any complications after your baby was born? (difficulty breathing, low apgar score, jaundice)

Did mother have help at home after delivery? _____ For how long? _____

During baby’s birth year, was there anything (even if it had nothing to do with baby) that caused mother unhappiness or anxiety or that placed her under great strain? _____



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After baby's birth, how soon did mother return to work? _____

How many hours per week? _____

If mother was working, who had primary caretaking responsibility? _____

Who currently cares for the child if parents are away? (please include history of caregivers other than parents from birth to the present) _____

Was child ever separated from both parents? _____ One parent? _____

Describe circumstances (reason, child's age at the time, and how long):

What part did father take in baby's care? (diapering, bathing, feeding, etc.)

D. Feeding

Breastfed? _____ When was child weaned? _____

Why did weaning occur at that time? _____

Were there any feeding problems? (colic, reflux, allergies) _____

Any thumb or pacifier sucking? _____ For how long? _____

E. Sleep Patterns

Were there any sleeping problems or are there any sleeping problems? _____ If yes, please explain

Has child ever slept with parents? _____ Please describe circumstances

Present sleeping arrangements: _____

Current sleep schedule: _____

F. Motor Development

Was child ever perceived as too active or too quiet? _____ Please describe:

At what age did your child begin to sit? _____ Stand? _____ Walk? _____



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G. Speech Development

At what age did child first begin to speak in short (2 or more words) sentences? _____

If there have been any of the following speech difficulties, please check:

Does not talk _____ Lispings _____ Delayed speech _____ Repeating syllables _____ Mispronounced words _____

Stuttering _____ Other, please describe: _____

Has child ever had speech therapy? _____ With whom? _____

H. Sexual Development

Has child expressed curiosity about any sexual matters to a parent? _____ About what?

Has child been given information by a parent in any of the following areas? Please check.

Difference between boy/girl _____ How a woman becomes pregnant and a baby is born _____

I. Peer Interests

Does child have trouble making friends? _____ If yes, please describe:

Does child make friends mostly with children his or her own age? _____ Younger? _____ Older? _____

Describe any special interests? _____

J. Other

Does child ever cry for extended periods? _____ If yes, how do you respond?

How is discipline usually handled with child?

In your own words, please describe any present difficulties that child is having or that you may be having as parent(s):

What methods were used in trying to help with these problems?

Do you have any other questions, concerns, or additional information you would like to ask us?