

**Paradigm Psychological Center  
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Licensed Psychologist PSY 21818  
Assessment Information-Children and Adolescents (<18)**

**CHILD/ADOLESCENT INFORMATION**

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
Dates and locations of residences other than present \_\_\_\_\_  
Primary Language \_\_\_\_\_ Other Languages \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_ School Phone # \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_  
If parents live apart, other parent's Home Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FAMILY INFORMATION**

**Mother's** Name \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Business Phone # \_\_\_\_\_ Pager/Cellular \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Age at time of marriage \_\_\_\_\_  
Age at time of Divorce (if applicable) \_\_\_\_\_ Age at time of remarriage (if applicable) \_\_\_\_\_

**Father's** Name \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Business Phone # \_\_\_\_\_ Pager/Cellular \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Age at time of marriage \_\_\_\_\_  
Age at time of Divorce (if applicable) \_\_\_\_\_ Age at time of remarriage (if applicable) \_\_\_\_\_  
Names of Siblings Gender Age School  
Names of Other People in the Home Gender Age Relation

**HEALTH INFORMATION**

What is your child's present health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_  
*Please indicate if your child has suffered from any of the following:*  
\_\_\_\_ Head Injury - If so, was there any loss of consciousness? No \_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_ Seizures \_\_\_\_ Chronic Ear Infections \_\_\_\_ Asthma \_\_\_\_ Diabetes  
\_\_\_\_ History of acute or chronic illness of any kind (describe)? \_\_\_\_\_  
\_\_\_\_ Surgery – If so, what kind and when? \_\_\_\_\_  
Currently taking medication? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, please list names and dosages \_\_\_\_\_  
Name of physician(s) prescribing the medication \_\_\_\_\_  
Screening for Hearing? \_\_\_\_\_ Vision Screening? \_\_\_\_\_  
Ever received speech and language therapy, occupational therapy, and/or physical therapy?  
(If so, please specify dates, reason for therapy, and therapist) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DEVELOPMENTAL HISTORY

Weight at birth \_\_\_\_\_ Months Carried \_\_\_\_\_ Type of Delivery \_\_\_\_\_  
Describe any complications during pregnancy or birth \_\_\_\_\_  
\_\_\_\_\_  
Describe your child's health during and after delivery \_\_\_\_\_  
\_\_\_\_\_

*Please give approximate ages for the following:*

Sat up \_\_\_\_\_ Walked \_\_\_\_\_ Toilet Trained \_\_\_\_\_ First word \_\_\_\_\_  
Spoke in sentences \_\_\_\_\_

Check the items that apply to your child's behavior when s/he was an infant:

\_\_\_ Frequently smiled \_\_\_ Easy to soothe \_\_\_ Frequently cried  
\_\_\_ Difficult to soothe \_\_\_ Cried when wet \_\_\_ Enjoyed being held  
\_\_\_ Enjoyed being rocked \_\_\_ Difficulty with novelty \_\_\_ Adapted easily to new  
situations

As a toddler, was (is) your child:

\_\_\_ Independent \_\_\_ Talkative \_\_\_ Angry  
\_\_\_ Fearless \_\_\_ Overactive \_\_\_ Daring  
\_\_\_ Stubborn \_\_\_ Compliant \_\_\_ Quiet  
\_\_\_ Curious \_\_\_ Stubborn \_\_\_ Aggressive  
\_\_\_ Distractible \_\_\_ Friendly \_\_\_ Overactive  
\_\_\_ Affectionate \_\_\_ Easy to discipline \_\_\_ Adaptable

*Please mark any areas that constitute a problem for your child:*

\_\_\_ Eating \_\_\_ Sleeping \_\_\_ Nightmares \_\_\_ Thumb sucking \_\_\_ Nail biting  
\_\_\_ Getting along with friends \_\_\_ Self-help skills (dressing, bathing, etc.)  
\_\_\_ Unusual fears (describe) \_\_\_\_\_

### SCHOOL AND EDUCATIONAL HISTORY

Age began daycare, nursery, or preschool \_\_\_\_\_ Age started Kindergarten \_\_\_\_\_  
*List schools your child has attended (include cursory/daycare if applicable):*  
Name City Grade(s)

Is your child in special classes? No  Yes  If yes, what kind? \_\_\_\_\_  
Has your child ever repeated a grade/retained? No  Yes  Which grade? \_\_\_\_\_  
Is there any family member who presently or in the past have (had) learning difficulties  
or was in special classes? No  Yes  If yes, who and what kind/type? \_\_\_\_\_

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Is there any formal or suspected family history of attention difficulties? No  Yes   
If yes, who and what kind/type? \_\_\_\_\_  
What kind of grades does your child typically earn? \_\_\_\_\_  
Describe any problems your child might be having in school and when you first noticed  
these problems? \_\_\_\_\_

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Child's scores on most recent standardized test (e.g., FCAT, SAT) \_\_\_\_\_  
In what school situations or subjects does your child perform best? Worst? \_\_\_\_\_

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### SOCIAL AND EMOTIONAL INFORMATION

List your child's major interest and hobbies \_\_\_\_\_

Is your child involved in extracurricular activities? No  Yes

If yes, what kind? \_\_\_\_\_

When interacting with peers, your child can be described as:

Withdrawn  Disinterested  Assertive  Aggressive

Friendly  Thoughtful  Leader  Follower

How many friends does your child have? # Male \_\_\_\_\_ # Female \_\_\_\_\_

Do you feel your child is having difficulties in school? No  Yes

At home? No  Yes  If so, what do you consider the problem to be and when and  
how did it begin?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had counseling, psychotherapy, or a psychological or psychiatric  
evaluation? No  Yes  If yes, date(s)? \_\_\_\_\_

Agency or name of therapist \_\_\_\_\_

Do any family members have (or have had) a psychological disorder? No  Yes

If yes, who and what kind? \_\_\_\_\_

When your child misbehaves, how do you respond and how does your child react to this?

\_\_\_\_\_  
Please put any other comments that will help me understand your child better \_\_\_\_\_

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