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Minor Assessment Form

Name:

Age:

DOB:

Grade:

Gender:

School:

Siblings: Gender and Ages:

Current living situation:

Presenting Problem/complaint in detail: Please provide both parents' perspective if possible:

Referred by:

Parent/Teacher/Director

Reason for referral:

Developmental History:

Within Normal Limits
Developmental Delays

Pregnancy/Birth

Situation at time of conception: Wanted child?

Pregnancy: Complications

Normal

Prematurity

Low birth weight

Maternal drug use

Developmental milestones

Early Speech

Early motor skills

Normal milestones

Motor delays

Speech/language delays

Infancy/Early Childhood

No significant issues

Temper tantrums

Colic

Reflux

Attention problems

Disruptions in Early Childhood

Frequent moves

Illness

Divorce or separation

Unusual or traumatic events

Foster Care

Medical/Health Issues and past/current medications:

Sensory Development:

Sensory integration difficulties:

Tactile

Auditory

Taste

Texture

Olfactory

Sensory sensitivities:

Relationships:Family:

Attached to mom/dad/both/who is child most attached to?

Clingy

Over-attached to parents or new teachers/nanny/extra curricular tutors

Avoidant of touch or contact

Separation Anxiety

Able to separate for school/play dates

Friends:

Nothing reported from school/after school care

Reports of poor social skills

Socializes with same age peers

Prefers older kids/younger kids

Relate better to adults

Isolated/lack of friends

Social Style:

Leader/follower/victim of bullying or teasing

Aggressive/compliant/assertive/emotionally intelligent

Adolescents: Able to withstand peer pressure

Leader or follower

Competitive

Non- competitive

Bully

Victim of bullying

Moral values

Good choices /Poor choices...please elaborate:

Extended Family Relationships: Describe support system of family

Routine/schedule:

TV/Videos/Computer/Facebook :

How much time per day

What content:

Cognitive Ability:
Early Childhood

Numbers
Letters
Sequencing
Colors
Basic Logic
Patterning

School Age:

At Grade level
Advanced
Delayed
ADD/ADHD
Special Needs

Middle/High School:

At Grade level
Under achieving
Over achieving
Motivated
Demotivated
Unmotivated
Special needs

Behavior: (Scale of 0-3 where 0 is not at all and 3 is all the time)

Compliant
Defiant
Oppositional
Destructive
Shows remorse
Learns through consequences
Aggressive/Angry
Temper tantrums
Obedient
Disobedient
Timidity
Sadness
Crying

Irritable
"Sassy"
Disrespectful
Violent

Motor Behavior:

Normal
Agitated
Gait
Tics
Repetitive Play
Self stimulation
Flapping Arms
Thumb sucking

Appetite:

Within normal level
Low
Overeats
Eating disorder

Energy Level:

WNL
Under
Over
Sleep

Sleep:

WNL
Unable to fall asleep on own
Difficulty staying asleep
Nightmares/night terrors

General Mood:

Happy and smiley
Sad
Withdrawn

Blank
Animated

Age Appropriate Moral Development:

Mature
Immature
Make wise choices
Makes poor choices
Easily influenced by peers
Influences peers
Open communication with parent/caregiver.
Closed communication with parent/caregiver

Interests:

Wide range
Specific
Repetitive need to play with same thing/activity

Attention:

Age appropriate attention span
Easily distractible
Unable to focus
Unable to sit still
Jumpy
Restless and Fidgety

Parenting Style: Indicate if there are differences between parents' styles

Affectionate
Warm
Cold
Permissive
Restrictive

Boundaries and Consequences.

What are your expectations of your child and how do you teach and reinforce these?

Discipline.....How do you discipline/teach your child?

Describe last difficulty with child in detail including what precipitated it, how parent/s reacted and how child reacted to parental response: