

**INITIAL ASSESSMENT & SOCIAL HISTORY**

For under 18 years of age



**Client's Name:** \_\_\_\_\_ Today's Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male Female  
Information provided by: \_\_\_\_\_  
Relationship to client: \_\_\_\_\_

**Presenting Problem:** \_\_\_\_\_  
\_\_\_\_\_

History of Current Problem: \_\_\_\_\_  
\_\_\_\_\_

Previous Treatment: whom/ when \_\_\_\_\_  
Was previous treatment successful? Yes No How \_\_\_\_\_  
How have you tried to solve the problem(s) \_\_\_\_\_  
\_\_\_\_\_

Has child had any academic/ psychological testing: Yes No  
If yes, why: \_\_\_\_\_  
By whom: \_\_\_\_\_  
When: \_\_\_\_\_  
Do you have the results? Yes No

What has happened most recently that makes you seek help at this time? \_\_\_\_\_  
\_\_\_\_\_

Problems perceived to be: \_\_very serious \_\_serious \_\_not serious

What are your expectations of your child? \_\_\_\_\_  
\_\_\_\_\_

What changes would you like to see in your child? \_\_\_\_\_  
\_\_\_\_\_

What changes would you like to see in yourself? \_\_\_\_\_  
\_\_\_\_\_

What changes would you like to see in your family? \_\_\_\_\_  
\_\_\_\_\_

**LIVING ARRANGMENTS:**

**Places**

**Dates**

Number of moves in child's life \_\_\_\_\_

Present Home renting buying  
house apartment

Does the child share a room with anyone else? Yes No

If yes, with whom? \_\_\_\_\_

If no, how long has he/she had own room? \_\_\_\_\_

Does child sleep in his/her own room? \_\_\_\_\_

Was the child ever placed, boarded, or lived away from the family? Yes No

If yes, explain: \_\_\_\_\_

What are the major family stresses at the present time, if any? \_\_\_\_\_

**Brothers and Sisters:** (indicate if step-brother or step-sisters)

Name	Age	Sex	School or Occupation	Present Grade	Living at home	Use drugs or alcohol	Treated drug abuse
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Others living in the home (and their relationship):

1. \_\_\_\_\_
2. \_\_\_\_\_

**Health of Family Members:** (excluding minor child to be seen):

Name	Relationship to Child	Type of Illness	When Occurred	Length of Illness
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**DEVELOPMENTAL HISTORY:**

Prenatal—Child wanted? Yes No Planned for? Yes No  
Normal Pregnancy? Yes No  
Medical complications of mother during pregnancy? Yes No

Please describe nature of complications or illness mother had during pregnancy:

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

Was the father’s family supportive and accepting during pregnancy? Describe any problems: \_\_\_\_\_

Was the mother’s family supportive and accepting during pregnancy? Describe any problems: \_\_\_\_\_

**BIRTH:**

Length of active labor: \_\_\_hrs. \_\_\_Easy \_\_\_Difficult

Full term: Yes No

If premature, how early: \_\_\_\_\_

If overdue, how late: \_\_\_\_\_

Birth weight: \_\_\_lbs. \_\_\_oz.

Type of delivery: \_\_\_spontaneous \_\_\_cesarean \_\_\_with instruments  
\_\_\_head first \_\_\_breech

Was it necessary to give the infant oxygen Yes No if yes, how long: \_\_\_\_\_

Did infant require blood transfusion? Yes No

Did infant require special medical treatment? Yes No

Did mother use alcohol/drugs during pregnancy? Yes No

Did mother and baby bond? Yes No Comments: \_\_\_\_\_

**NEWBORN PERIOD**

	Yes	No	<b>How Long</b>
Irritability	Yes	No	_____
Vomiting	Yes	No	_____
Difficulty breathing	Yes	No	_____
Difficulty sleeping	Yes	No	_____
Convulsions/twitching	Yes	No	_____
Colic	Yes	No	_____
Normal weight gain	Yes	No	_____
Was child breast fed	Yes	No	_____
Other: _____	Yes	No	_____
Mood of Baby	Cuddly	Aloof	Pushed Away
Comments:	_____		

**AT WHAT AGE CHILD?**

Sat up: \_\_\_\_\_

Crawled: \_\_\_\_\_

Crawled before walking? Yes No

Walked: \_\_\_\_\_

Spoke single words: \_\_\_\_\_

Sentences: \_\_\_\_\_

Bladder trained: \_\_\_\_\_

Easy    Difficult    Explain: \_\_\_\_\_

Bowel trained: \_\_\_\_\_

Easy    Difficult    Explain: \_\_\_\_\_

Weaned: \_\_\_\_\_

Easy    Difficult    Explain: \_\_\_\_\_

Primary Caretaker(s): \_\_\_\_\_

**If child is adopted:**

Adoption source: \_\_\_\_\_

Reason and circumstances: \_\_\_\_\_

Age when child first in home: \_\_\_\_\_

Date of legal adoption: \_\_\_\_\_

What has the child been told? \_\_\_\_\_

**EARLY SOCIAL DEVELOPMENT:**

Relationship to siblings and peers:

- \_\_\_ have a best friend, for how long \_\_\_\_\_
- \_\_\_ individual play      \_\_\_ group play
- \_\_\_ competitive          \_\_\_ cooperative
- \_\_\_ leadership role      \_\_\_ a follower

Describe any concerning habits, fears, or unusual behaviors your child has now or had in the past: \_\_\_\_\_

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

**EDUCATIONAL HISTORY:**

Number of schools child has attended? \_\_\_\_\_

Name of School	City/State	From	To	Grades completed at this school
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Types of classes:    \_\_regular education    \_\_special education  
 Did child skip a grade?    Yes    No            Repeat a grade?    Yes    No  
 Did child have any specific learning difficulties?    Yes    No  
 Has child ever been identified as emotionally disturbed by school personnel?    Yes    No  
 Has child ever had a tutor or other special help with schoolwork?    Yes    No  
 Does child attend school on a regular basis?    Yes    No  
 Does child appear motivated for school?    Yes    No  
 Has child ever been suspended or expelled?    Yes    No

**ACADEMIC PERFORMANCE:**

Highest grade on last report card? \_\_\_\_\_  
 Lowest grade on last report card? \_\_\_\_\_  
 Favorite subject? \_\_\_\_\_  
 Least favorite subject? \_\_\_\_\_  
 Does child participate in extracurricular activities?    Yes    No  
 Which activities? \_\_\_\_\_  
 In school, how many friends does child have:    \_\_a lot            \_\_a few            \_\_none  
 What are child's educational aspirations?    \_\_quit school  
   \_\_graduate from high school  
   \_\_go to college  
 List child's special interests, hobbies, skills:

\_\_\_\_\_  
 \_\_\_\_\_  
 Has the child ever had difficulty with the police?    Yes    No (if yes, explain)  
 \_\_\_\_\_

Has the child ever appeared in juvenile court?      Yes    No (if yes, explain)  
\_\_\_\_\_

Has child ever been on probation?    Yes    No (if yes, explain)

Dates (From—To)	Reason	Probation Officer
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has child protective services ever been involved with the child/family/siblings? Yes No

If yes:

What reason? \_\_\_\_\_

Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

Has case been closed?      Yes    No    If yes, when: \_\_\_\_\_

Has counseling been a requirement:    Yes    No

Has child ever been employed?      Yes    No

Job	Employer	How Long
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FAMILY of ORIGIN SOCIAL HISTORY:**

**Parents:** married\_\_\_\_ separated\_\_\_\_ divorced\_\_\_\_ never married\_\_\_\_

**Mother:** age\_\_\_\_ DOB\_\_\_\_ Educational level\_\_\_\_

Marriages\_\_\_\_\_

Occupation\_\_\_\_\_

Drug/Alcohol abuse\_\_\_\_\_

Previous Pregnancies, Abortions/Miscarriages\_\_\_\_\_

Mental issues\_\_\_\_\_

Medication(s)\_\_\_\_\_

Siblings:\_\_\_\_\_

Maternal Grandparents: (Living, if deceased how? Divorced/ Never Married/ Remarried)

\_\_\_\_\_

Family psychiatric history\_\_\_\_\_

Family environment growing up? \_\_\_\_\_

Religion: \_\_\_\_\_

**Father:** age\_\_\_\_ DOB\_\_\_\_ Educational level\_\_\_\_

Occupation\_\_\_\_\_

Marriages\_\_\_\_\_

Drug/Alcohol abuse\_\_\_\_\_

Mental issues\_\_\_\_\_

Medications\_\_\_\_\_

Siblings\_\_\_\_\_

Paternal Grandparents: (Living, if deceased how? Divorced/ Never Married/ Remarried)

\_\_\_\_\_

Family Psychiatric history\_\_\_\_\_

Family environment growing up? \_\_\_\_\_

**Family Dynamics:**

Who does child get along with best/least? \_\_\_\_\_

\_\_\_\_\_

Alliances\_\_\_\_\_

Discipline Techniques/Efforts/Effective?: \_\_\_\_\_

\_\_\_\_\_

**Religious/Spiritual Affiliations (If any):** \_\_\_\_\_

Family attends together/separately: \_\_\_\_\_  
\_\_\_\_\_

Is there any other information you believe would be helpful to be known?

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

Relationship of Person Completing this Form: Mother/Father      Grandmother/Grandfather  
Foster Parent      Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Legal Guardian?    Yes      No