



MINDFUL SOLUTIONS, LLC  
Psychological Services

2000 14<sup>th</sup> Street North, Suite 780  
Arlington, VA 22201  
(p): 703-527-1200

#### DEVELOPMENTAL HISTORY QUESTIONNAIRE: Parent Form

Child's Name:

Date of Birth:

Was your child adopted? If so, please describe the circumstances. For instance, adopted at birth, adopted from foster care, etc. Please name the agency who facilitated your child adoption.

What is your child's birth history? With your child born on time or premature? Where there are complications at birth? If so, please describe.

Is your child currently diagnosed with any medical conditions? If so please list.

Is there a family history of mental illness? If so, please identify what psychological problems other family members have been diagnosed.

Does your child have any sensory impairments, such as eyesight, hearing, etc.

Does your child currently taking any medication? If so, please list medications and dosages.



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Does your child currently receives speech therapy, occupational therapy, or other special services either at school or privately? If so, please list therapies and frequency of visits.

Does your child have siblings? If yes, names and ages.

Developmental milestones: please state the approximate age at which your child achieved the following:

Walking

First words

Crawling

Sitting up

Using utensils to eat

Speaking in short sentences

Would you describe your child's language skills as adequately developed, well-developed, or in need of improvement? Please explain.

Would you describe your child's social and emotional development as typical, advanced, or in need of improvement? Please explain.

Please describe behaviors your child exhibits that are inappropriate or problematic:

Does your child receive special services at school in the form of a 504, IEP, or other accommodations. Please be specific about what services you're a child receives.



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Do you have a good parent child relationship? Please explain.

What are the greatest challenges in parenting this child?



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Does your child have friends? How many hours per week would you say your child spends playing or spending time with peers?

List all extracurricular activities, sports, and other things of which your child is currently involved or has been in the past.

Does your child get along with siblings?

Does your child get along with other adults?



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What are your greatest concerns for your child?

Please identify some of your child's strengths, gifts, and interests. Please give specific examples of each.

Please let us know any other information, not already stated, that you think is important for us to know about you, your child, or your family.