CHILDREN'S PSYCHOLOGICAL SERVICES CENTER, INC.

1801 North Meridian Road, Suite C
Tallahassee, Florida 32303
(850) 508-6213

Consent to Release Information

I_____(parent's name), give my consent for educational information related to my child, _____ (child's name) be released to Holly Dickinson, Ed.S./Children's Psychological Services Center, Inc. In doing so, I also give permission for _____(school/outside agency) to discuss matters regarding _____ (child's name) educational and developmental history and progress with Holly Dickinson, Ed.S. during the course of her evaluation. Additionally, if mutually agreed upon between parent and school, I give my permission for Holly Dickinson, Ed.S. to observe my child, _____ at school.

_____
(Printed Name)/Parent or Guardian

_____
(Signature)/Parent or Guardian

CHILDREN'S PSYCHOLOGICAL SERVICES CENTER, INC.
1801 NORTH MERIDIAN ROAD, SUITE C
TALLAHASSEE, FL 32303
850-273-8091

SOCIAL-DEVELOPMENTAL HISTORY QUESTIONNAIRE

I. GENERAL INFORMATION

Child's full name_____ DOB_____ Age_____ Gender_____

School Attending _____ Grade_____

Classroom teacher_____

Current Address: _____

How long at this address? _____

Person providing information: _____

Relationship to child_____

Parent Email address: _____

Who does child live with: □ both parents □ mother □ father □ other (specify) _____

Biological father_____ Occupation_____

Father's home phone_____ Work #_____ Cell #_____

Biological mother_____ Occupation_____

Mother's home phone _____ Work #_____ Cell #_____

If applicable: Guardian's name_____ Occupation _____Years education_____

Guardian's home phone _____ Work #_____Cell # _____

Please list all people in child's immediate family:_____

_____

Name Relationship to child Age / Grade Living in house?_____

_____

Please list all other *non-family* members who live in household:_____

_____

Language(s) spoken at home _____

Primary Language at home_____

Please list all locations (city, state) that your child has lived (use back of page, if needed):

1. Birthplace _____ Moved at age_____grade_____

_____

2. _____ Moved at age_____grade_____

_____

3. _____ Moved at age_____grade_____

_____

4. _____ Moved at age_____grade_____

_____

Are biological parents of child currently: □ married □ separated □divorced □ never married

• If separated or divorced, who has *legal* custody? □ mother □ father □ other (specify): _____

_____

• If separated or divorced, how do you feel your child has adjusted to the separation/divorce?_____

_____

Are there other adults who have a ***significant*** part in raising your child? □Yes □No

If so, please indicate name & relationship (stepparent, grandparent, boy/girlfriend, etc.)_____

_____

Have there been any significant changes in the home over the *last few years*? (Such as new marriages, deaths, births, address changes, family separations/divorce, parent dating, parent job change, money problems, etc)_____

_____

What do you feel are your child's…

Strengths_____

_____

Weaknesses _____

_____

Briefly describe your concerns for your child._____

_____

_____

II. HEALTH AND DEVELOPMENT

A. Pregnancy and Birth

Is your child: □ biological child □ adopted child □ foster child □ other: _____

Mother's age at birth? _____ Did mother receive routine medical prenatal care? □Yes □ No

Please specify any medications used during pregnancy and the reason used: _____

_____

_____

Pregnancy lasted _____weeks / months Child's birth weight: _____pounds _____ounces

Did child go home from the hospital at the same time as the mother? □Yes □ No

If No, explain why:_____

_____

Please check the conditions below that describe the health of the child and mother during…

Mothers pregnancy	Child's Delivery	Child's Condition at Birth
□ No complications	□ Normal	□ Normal
□ Blackouts	□ Induced labor	□ Lack of oxygen
□ Falls	□ C-section	□ Breathing problem
□ Physical injury	□ Breech birth	□ Birth injury/defect
□ Excessive bleeding	□ Unusually long labor (>12 hours)	□ Jaundice
□ Hypertension	□ Premature # of weeks	□ Newborn ICU # of days
□ Diabetes	□ Overdue # of weeks	□ Other problem (specify)
□ Emotional stress	□ Other problem (specify)	
□ Toxemia		
□ Alcohol and/or drug use		
□ Use of tobacco		

B. Health

Describe the state of your child's current health: □ Excellent □ Good □ Fair □ Poor

Is your child currently taking any medication? □Yes □ No

If yes, please list medications and uses: _____

_____

Has your child ever been identified as having a disability? □Yes □ No

If so, by whom, what age, & what disability? _____

_____

Has your child ever received psychological counseling? □Yes □ No

If so, by whom (professional/agency) and when: _____

_____

Has your child ever participated in therapy services from a private entity? (i.e., speech, occupational, physical, vision therapy, etc)? □Yes □ No

If so, by whom (professional/agency) and when: _____

_____

Has your child ever participated in educational services from a private entity (i.e., private tutor, Sylvan Learning Center)? □Yes □ No

If so, by whom (professional/agency) and when: _____

_____

Has your child ever participated in an early intervention program? □Yes □ No

If so, by whom (professional/agency) and when: _____

_____

Has your child had any of the following? Please check all that apply.	Please describe and give details, dates, and/or age of onset
□ Serious Illnesses	
□ Head Injuries	
□ Seizures or convulsions	
□ Surgery/Hospitalization	
□ History of Ear Infections	
□ Allergies and/or Asthma	
□ Vision Problems	
□ Hearing Problems	
□ Frequent Nightmares and/or Bedwetting	
□ Other health problem	

Family History

Is there a ***family history*** for the following problems?	*Biological* family member with the history… (parent, sister/brother, aunt/uncle, grandparent, 1st cousin, etc)
□ Learning Difficulties (reading, math, writing, spelling)	
□ Speech or Language problem (articulation, stuttering, etc.)	
□ Developmental Disorder (such as Autism, Asperger's disorder, etc.)	
□ Emotional Problems (depression, excessive anxiety, mood swings, etc.)	
□ Intellectual Disability	
□ School Failure (failing grades, dropout, etc)	
□ Attention Deficit/Hyperactivity Disorder (AD/HD)	

C. Development

Please indicate the age or range when your child performed the following milestones (check 1 box per row). If no delays were noted, please indicate by writing on the line below the boxes.

Milestone	0-3 months	4-6 months	7-12 months	13-18 months	19-24 months	2-3 years	3-4 years	Other (specify age)
Crawled								
Walked alone								
Spoke first Words								
Spoke short phrases								
Spoke in sentences								
Fully bladder trained								
Fully bowel trained								
Stayed dry all night								

_____

_

III. BEHAVIOR

A. Behavior in Infancy

During your child's first *few years of life*, were any of the following present to *significant* degree?

- ☐ Did not enjoy cuddling
- ☐ Was not easily calmed by being held or being stroked
- ☐ Difficult to comfort
- ☐ Difficult nursing
- ☐ Poor eye contact
- ☐ Did not turn towards caregivers

- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

* Please describe all checked items _____

_____

_____

B. Child's Early Temperament: (*Toddler through five years of age*)

☐ Activity Level – How active has your child been from an early age? _____

_____

☐ Distractibility – How well was your child able to maintain focus or concentration, or pay attention to tasks?

_____

_____

☐ Adaptability - How well was your child able to deal with transition, change, or when denied his/her own way? _____

_____

☐ Approach/Withdrawal – How well was your child able to respond to new things (i.e., new places, people, food, etc.)? _____

_____

☐ Intensity – Whether happy/unhappy, how strong were your child's feelings exhibited? Were others made aware of when your child was upset, angry, disappointed, etc.? _____

_____

☐ Mood – What was your child's basic mood? Did he/she exhibit frequent or rapid changes in mood or temperament? _____

_____

☐ Regularity – How predictable was your child's patterns of activity level, sleep, appetite, etc.? _____

_____

Prior to age six, did your child have more difficulty than other children his/her age…

- ☐ Sitting still at meal time
- ☐ Paying attention when read to
- ☐ Throwing a ball
- ☐ Catching a ball
- ☐ Buttoning and zipping
- ☐ Holding a crayon or pencil
- ☐ Accidentally dropping things
- ☐ Staying focused on TV, movies, or video games
- ☐ Waiting for a turn to play
- ☐ Knowing left and right
- ☐ Acting without thinking
- ☐ Dressing self
- ☐ Tying shoe laces
- ☐ Accidentally knocking things over

C. Differential Behaviors

Please check below all behaviors or characteristics that fit your child over the past year:

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting for his/her turn
- ☐ Talks excessively, interrupts often, doesn't listen
- ☐ Low energy/fatigue
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Engages in impulsive behaviors (acts before thinking)
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activities
- ☐ Often argumentative with adults
- ☐ Often actively defiant to adult requests and rules
- ☐ Blames others for own mistakes
- ☐ Often angry or resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive separation difficulties
- ☐ Easily frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards others
  - Adults
- ☐ Often depressed/irritable mood
- ☐ Often loses things, very disorganized compared to others his/her age.
- ☐ Shy
- ☐ Feeling of worthlessness or low self-esteem
- ☐ Withdrawn
- ☐ Overly anxious or fearful
- ☐ Sleeping too little/insomnia
- ☐ Sleeping to much
- ☐ Difficulty making decisions
- ☐ Cries easily
- ☐ Temper tantrums
- ☐ Rapid mood changes/mood swings
- ☐ Suicidal thoughts
- ☐ Excessive need for reassurance
- ☐ Poor appetite
- ☐ Overeats
- ☐ Explosive temper with minimal provocation
- ☐ Odd fascinations
- ☐ Unrealistic worry about futures events
- ☐ Substance abuse
  - Drug

- o Peers
- o Alcohol
- o other

Please explain all checked items: _____

_____

_____

_____

_____

_____

D. Home Behavior:

How often is each of the following settings a *problem* for your child?

While getting ready for school	□ Rarely	□ Sometimes	□ Frequently
When eating at the dinner table	□ Rarely	□ Sometimes	□ Frequently
When playing by him/herself	□ Rarely	□ Sometimes	□ Frequently
When playing with siblings/other children	□ Rarely	□ Sometimes	□ Frequently
When with a babysitter or daycare	□ Rarely	□ Sometimes	□ Frequently
In public places (church, store)	□ Rarely	□ Sometimes	□ Frequently
When in the car	□ Rarely	□ Sometimes	□ Frequently
When told to do something he/she doesn't want to do	□ Rarely	□ Sometimes	□ Frequently
During sit-down homework time	□ Rarely	□ Sometimes	□ Frequently
When watching TV or playing video games	□ Rarely	□ Sometimes	□ Frequently

How would you describe your child's personality at home? _____

_____

How does your child get along with brothers/sisters? _____

Which adult would your child prefer to talk with about a problem? _____

Who is the *family member* with whom your child feels closest? _____

What is the most effective way to deal with your child's behavior problems at home? _____

_____

How does your child respond to discipline? _____

List any responsibilities your child has at home: _____

Does your child do these regularly? __Yes __ No

Does your child need frequent reminders? __Yes __No

Indicate child's… Bed time? ____:____PM Wake time? ____:____ AM Does child sleep well? __Yes __ No

How much time does your child typically spend on electronic media? _____

Watching T V: _____hrs/day; Playing video/computer games: _____hrs/day;

Have any family members expressed concerns about your child's behavior? __Yes __ No

Explain:_____

_____

E. Social Behavior:

How would you describe your child's peer relationships and choice of friends? (i.e. How many friends? What age/genders? Is child shy, outgoing, a leader, a follower, etc? Does child associate w/ scholars or troublemakers?) _____

_____

IV. Educational History

How does your child feel about school? _____

How motivated do you feel your child is to learn? _____

About how much time does your child spend on homework each night? _____

How much of a struggle is homework? □ Not a struggle □ Sometimes a struggle □ Often struggles

Does your child receive special school services (IEP, 504 plan, Gifted/Talented)? □ Yes □ No

If yes, what services, when did they begin?_____

Below, please list schools attended and describe your child's academic and/or behavioral performance:

Preschool/Daycare_____

_____

Elementary School_____

_____

Middle School_____

_____

High School _____

_____

1801 North Meridian Road, Suite C
Tallahassee, FL 32303

Children's Psychological Services Center, Inc.

(850) 273-8091

Holly S. Dickinson, Ed.S.
Licensed School Psychologist
Florida License – SS 621

I, _____, request that my child, _____, be evaluated by Holly S. Dickinson/Children's Psychological Services Center, Inc. During this process, I will provide accurate/updated information regarding my child's social and developmental history. I also agree to provide requested educational and/or medical records for review. If deemed necessary, I give permission for Holly S. Dickinson to consult with my child's teacher(s) regarding classroom performance and behavior. Following the evaluation, I will receive verbal feedback as well as a written report of the assessments, findings, and recommendations. While individual reports will not be released to third parties, I understand that I have the option to share a copy of the report and information from the evaluation with other agencies at my discretion. I agree to provide payment, including insurance copays, for all services rendered on the initial day of the evaluation.

By signing below, I give my consent for the evaluation to take place at this time.

_____
Parent/Legal Guardian Printed Name

_____ _____
Parent/Legal Guardian Signature Date