

JANNE LOMASKY, PSY.D.

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Child & Adolescent Evaluation Developmental History

Child's Name _____ Today's Date _____

Child's Age _____ Child's Date of Birth _____ Current School Grade _____

Current School _____

Name of individual completing this form & relationship to the child: _____

Why are you seeking help for this child at this point in time?

Who referred you to our office? _____

What kind of services are you seeking for your child? (For example, psychiatric, psychological, neurobiological, educational evaluation, gifted or psycho-educational testing, therapy, parent training, ADHD coaching, second opinion, etc. Please feel free to write "uncertain".)

Who is your child's pediatrician? _____

Would you like us to confer with and/or advise the pediatrician of our evaluation and treatment plans?

Is your child currently seeing a psychologist or therapist, and if so, who?

Has your child seen a psychiatrist or therapist in the past? If so, please briefly state details

Has your child seen a neurologist in the past? If so, please give details.

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With whom does your child live? (Please include names and ages of siblings)

If your child lives in two homes due to divorce, please give details of your child's "second" home. Indicate which parent has primary custody of your child and briefly outline the visitation schedule.

Father's Name _____ Years of education _____
Profession or occupation _____
Mother's Name _____ Years of education _____
Profession or occupation _____

What do you enjoy most about your child?

What do you find most challenging about raising your child?

What level of education do you hope your child will complete? (i.e. graduate school, technical training, law/medical/other advanced studies, bachelor's degree in college)

Who is mainly responsible for discipline/structure in the home?

Do both parents agree on disciplinary strategies?

Please describe disciplinary techniques (also mention to which one does your child positively respond)

Generally, how much time does your child spend with each parent daily?

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How was your pregnancy with your child? Were there any illnesses or problems during the pregnancy? Were there any medications taken? Please describe

How was the labor and birth of your child? Was your child full term? Did you suffer from toxemia or pre-eclampsia?

Did your child suffer from an infection at birth; require oxygen or any special care; and/or need to be kept in the hospital longer than the customary period?

Development

Did your child suffer from colic?

How would you describe your child's temperament during the early months, as well as during the toddler years and preschool period (i.e. easy, slow to warm up, intense, difficult)

Were there any difficulties with feeding?

Were there any difficulties with speech, language, walking, parental bonds, intellectual/cognitive functioning; ability to relate to others during your child's toddler/preschool years?

What were your child's strengths during his/her early years?

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Did your child suffer from any sleep problems during his/her early years?

Did your child suffer from an excessive amount of ear infections during the early years, and/or take large amounts of antibiotics?

Has your child ever been a victim of, or witness to any physical, sexual, or emotional abuse? If yes, please describe.

Has your child ever been physically, sexually or emotionally abusive towards others? If so, please explain.

Medical History

Please list and describe any illness, chronic disorders (i.e. asthma, and/or operations) your child has had from birth up until the present time.

Has your child any history of injuries to the head, loss of consciousness or concussion? If yes, please describe and include dates.

Has your child ever had any history of motor vehicle accident involving a mild or more significant injury? If yes, please describe and include date(s)

Has your child ever been on any long-term medication? Please give details.

Is your child allergic to any medication? _____

Does your child suffer from any allergies? _____

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Is your child currently taking ANY medication? Please give details.

Please describe father's and mother's present health

Has anyone in the family ever been in special education? If yes, please indicate whom and what type of class

Friendships

Please describe how well your child "plays" or relates to other children

Does your child have any fear (even subtle) of meeting new children, being part of a social group or interacting socially in general?

What role does your child take in peer group games (i.e. leader, aggressor, etc.)

What role does your child's peer group have with him/her? Does your child have any significant friends who have a significant influence on him/her?

Recreation & Interests

In what activities does your child participate (i.e. sports, karate, dance, music lessons)?

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Generally, how well does your child do in these activities? Are any of them particularly meaningful or motivating for him/her?

Educational History

Please list the schools and dates your child has attended.

Has your child suffered from declining grades, specific learning difficulties, behavioral problems, motivation difficulties or any other problems that have impaired his/her functioning at school?

Has your child ever been tested for a special education class or the gifted program?

Is your child currently or previously in honors and/or advanced placement classes?

Does your child show any particular strengths or difficulties in math, English, reading, writing, abstract thought/analysis or spelling?

Do you have any concerns about your child's school?

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Final Comments

How would you describe your child's character (i.e. his/her capacity for compassion, empathy, commitment, honesty)?

Are there any current situational problems which may be causing stress to your child at school, at home or somewhere else?

What does your child know about this evaluation?

Is there anything else that you would like me to know about your child?
