



made2move:therapy4kids

Child History Form - All about me 2

Child's Name: _____ DOB: _____

Social/Emotional history: does your child

- Interact appropriately for age? YES NO
- Transition easily? YES NO
- Have friends? YES NO
- Take turns YES NO
- Show affection towards family? YES NO
- Understand praise/reward? YES NO
- Understand punishment? YES NO
- Empathize with others? YES NO
- Show anxiety with strangers? YES NO
- Is your child shy? YES NO
- Follow rules at home? YES NO

Who manages child best? Mom Dad _____

Communication history: does your child

- Turn his/her head when name is called? YES NO
- Point to communicate needs YES NO
- Gesture to communicate needs? YES NO
- Recognize common objects? YES NO
- "give me" on command? YES NO
- Understand 1 step directions? YES NO
- Identify body parts? YES NO
- Have reliable yes/no? YES NO
- Can people understand your child? YES NO
- Communicate with intent? YES NO
- Answer "wh" questions? YES NO
- Suck his/her thumb? YES NO
- Has your child used a pacifier? YES NO
- What other languages are used?

How many words are in your child's vocabulary?

Expressive Speaking vocabulary 1-25 25-75 75+

Receptive Understanding 1-25 25-75 75+

What difficulties with communication is your child experiencing?

Sensory history: does your child

- Cover ears with loud sounds? YES NO
- Hum or self-talk? YES NO
- Squint? YES NO
- Avoid eye contact? YES NO
- Touch and feel everything? YES NO
- Avoid certain textures/clothes? YES NO
- Take risks? YES NO
- Avoid movement? YES NO
- Is your child a "couch potato"? YES NO
- Is your child clumsy? YES NO
- Mouth/lick non-edible objects? YES NO
- Is your child a picky eater? YES NO
- Smell things? YES NO
- Complain that things smell? YES NO
- "have ants in pant"/constant motion YES NO
- Exhibit impulsivity? YES NO
- Attend to task? YES NO
- Have habit or repetitive pattern? YES NO
- Have difficulty learning in new situation? YES NO
- Resistive to change? YES NO

Goals and anticipated outcomes:

- Describe your child's strengths:
- _____

- What are two things you would like for your child to accomplish?
- _____

- What would your child like to be able to do? Or do better?
- _____

Thank you for completing this form. Please return the completed form 2 days before your evaluation.



Parent Signature

Date

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