Progressive Community
Care Center

Client Name		Chart Number	

BEHAVIORAL/SOCIAL/ACADEMIC HISTORY S4D3

I. BACKGROUND INFORMATION

Client's Full Name _____ Date of Birth _____ Age _____
School _____ Grade _____ Teacher's Name _____
Current Address _____
How Long at This Address _____
Person Providing Information _____
Who does the child live with: □ both parents □ mother □ father □ other (specify) _____
Biological Father _____ Occupation _____ Years of Education _____
Father's home phone _____ Work # _____ Cell # _____
Biological Mother _____ Occupation _____ Years of Education _____
Mother's home phone _____ Work # _____ Cell # _____
If applicable:
Guardian's Name _____ Occupation _____ Years of 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 _____

Name Relationship to child/family How long has lived in household? _____

Languages 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 (step-parent, 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? _____

What are your concerns for your child? _____

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II. BEHAVIOR

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
- ☐ Colicky
- ☐ Excessive irritability
- ☐ Diminished sleep
- ☐ Frequent head banging
- ☐ Difficult nursing
- ☐ Poor eye contact
- ☐ Did not turn towards caregivers
- ☐ Did not respond to name
- ☐ Did not respond to speech of caregivers
- ☐ Fascination with certain objects
- ☐ Constantly into everything

Please describe all checked areas: _____

A. 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, video games
- ☐ Waiting for a turn to play
- ☐ Knowing left and right
- ☐ Acting without thinking
- ☐ Dressing self
- ☐ Tying shoe laces
- ☐ Accidentally knocking things over

Please describe all checked areas: _____

B. 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
- ☐ Often depressed/irritable mood
- ☐ Often loses things, very disorganized compared to others same age.
- ☐ Shy

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- ☐ 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
  - ○ Peers
- ☐ 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
  - ○ Alcohol
  - ○ other

Please describe all checked areas: _____

_____

_____

_____

C. HOME BEHAVIORS:

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? _____

_____

Who is primarily responsible for discipline at home? _____

What is the most effective way to deal with your child's behavior problems at home? (spanking, talking, positive reinforcement, time-out, grounding, etc.) _____

_____

How does your child respond to discipline? _____

_____

List any responsibilities your child has at home: _____

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Does your child do these regularly? __Yes __ No

Does your child need frequent reminders? __Yes __No
How much time does your child typically spend on electronic media?
Indicate child's… Bed time? ____:____PM Wake time? ____:____ AM Does child sleep well? __Yes __ No
Watching T V: _____hrs/day; Playing video/computer games: _____hrs/day; Other:_____ hrs/day
Indicate child's… Bed time? ____:____PM Wake time? ____:____ AM Does child sleep well? __Yes __ No
Have any family members expressed concerns about your child's behavior? __Yes __ No
Explain:

II. 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?)

How does your child interact with children in the neighborhood?

III. 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 does your child feel about school?

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

PCCC Staff Name, Title (Print)

PCCC Staff Signature **Date**

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