

Jane Brown, PSY.D.
Jane Brown Evaluations, INC.
Brief History Evaluation Form

BASIC INFORMATION:

Child/ Adolescent Name:

Date of Birth: Age: Grade:

Name of current school attending and location:

Type of School

Public School

Private School

Name of parent completing this form:

Relationship to Child:

Biological Mother

Biological Father

Adopted Mother

Adopted Father

Stepparent Mother

Stepparent Father

Other Custodial Adult

Name of Other Parent:

Relationship to Child/ Adolescent:

Biological Mother

Biological Father

Adopted Mother

Adopted Father

Stepparent Mother

Stepparent Father

Other Custodial Adult

Name of stepparents or significant others not listed above:

Home Address:

City: _____ State: _____ Zip Code: _____

Phone Number (best to reach you):

Email Address (report will be sent to you via email):

FAMILY INFORMATION:

Are the child/ adolescent's parents currently:

Married

Separated

Divorced

Never Married

Briefly describe any significant familial stressor (e.g. difficult moves, transitions, recent losses, recent separation, significant medical illness, etc.):

List the number of siblings, ages, and gender

Please describe your daughter/son's relationship with their siblings:

How would you summarize your child's relationship with each parent over time?

Have family relationships changed in response to the current issues? Briefly describe if yes.

DEVELOPMENTAL / MEDICAL INFORMATION

Any significant issues with prenatal development / birth / infant development? If yes, please explain:

Briefly describe your child's attainment of developmental milestones (language, motor, self-help):

Has your child received any developmental services (e.g. speech-language therapy, occupational therapy, etc.):

Describe your child's overall health status, including any chronic health problems:

Has your child ever been prescribed medication for ADHD, anxiety, depression, or any other emotional or behavioral problem?

Yes

No

If you answered yes above, please explain:

Please list all medications your child is currently taking, including their dosages:

Please list all previous medications taken and their dosage if known:

When was the last time your child had bloodwork completed?

Do you believe the bloodwork evaluated the following (Please mark all that have been tested):

Iron Level	Thyroid Functioning	Kidney Functioning
Liver Functioning	Lyme's Disease	

Has your child ever had an MRI or CT scan of the head/brain?

No	Yes - MRI	Yes - CT
----	-----------	----------

If you answered yes above, please briefly explain why the test was preformed:

Has your child ever been evaluated for seizures?

Yes	No
-----	----

Has your child experienced any significant illnesses or injuries?

Yes	No
-----	----

If you answered yes above, please describe the illness/ injury:

ACADEMIC INFORMATION

List all the schools that your child has attended:

Did your child have any difficulty learning early academic skills (letters, numbers, reading, counting)?

Yes No

Please list which areas they had difficulty with if you answered yes above:

Please describe your child's academic performance over time:

Please describe your child's organizational skills over time:

Has your son/daughter ever received special educational services or been previously evaluated?

Yes No

If so, what services or accommodations?

List any diagnosed learning or attentional problems (e.g. ADHD, LD):

Any prior tutoring either at school or privately?

No Yes - School Yes - Private

PREVIOUS TREATMENT

Please list dates of prior treatment, what type of treatment/ support, and if you feel the intervention was helpful:

HOBBIES / INTERESTS

Briefly describe your child's hobbies, interests, or special talents:

Briefly describe what you observe to be your child's strengths and weaknesses:

Please just scan through the checklist below and mark all that apply:

Reading:

- difficulty learning the alphabet
- unable to read smoothly
- difficulty learning to blend sounds
- poor tracking
- doesn't understand what is read
- reads slowly
- reverses letters
- resists reading
- poor recall
- had more difficulty learning to read than expected based on verbal abilities

Math:

- poor arithmetic calculation
- poor sequential processing (doing things in order)
- poor understanding of math concepts
- difficulty learning basic math facts
- tires easily when working math work problems
- many careless errors
- resists math
- difficulty holding numbers in head to work problems

Writing:

- difficulty with early handwriting
- poor spelling
- difficulty getting thoughts onto paper
- writing is laborious, arduous
- difficulty organizing sentences/ paragraphs
- poor use of grammar in writing assignments
- continued poor handwriting
- letter reversals
- resists writing
- writing below expectation of verbal abilities
- poor punctuation, capitalization
- often does not complete writing assignments

Motor:

- difficulty learning to tie shoes
- poor fine motor skills
- poor sense of direction
- resists sports
- difficulty learning to ride a bike
- poor visual-spatial skills (drawing, copying figures)
- poor balance or coordination
- resists physical activity

Language:

- articulation problems
- gets tongue-tied
- has difficulty understanding what is said
- word retrieval problems
- difficulty expressing him/herself
- has difficulty following multi-step directions

Social:

is bullied or teased	does not read social cues well
feels picked on by peers	bullies or teases others
timing seems a little off	feels rejected by peers
does not seem to get jokes	acts awkward around peers

Other:

- talks incessantly
- does not like tags in clothes
- does not like certain textures of clothing
- has muscle or verbal tics
- has only a few, narrow interests
- becomes upset if routine is changed
- inattentive, easily distracted
- becomes easily over-stimulated
- is easily startled
- very picky about food
- has difficulty with transitions
- only wants to talk about one or two things
- is inflexible, stubborn
- hyperactive, impulsive

Any additional concerns, information, or comments you have about your child/ adolescent: