

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

Has your child ever been evaluated for seizures?

Yes	No
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Has your child experienced any significant illnesses or injuries?

Yes	No
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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: