

CHILD BIOGRAPHY

SECTION A : Family Details

Child

Surname : Given Names:

Male/Female : Date of Birth :

Siblings

Name: Male/Female Date of Birth:

Name: Male/Female Date of Birth:

Name: Male/Female Date of Birth:

Name: Male/Female Date of Birth:

SECTION B : Child's History

❖ Pregnancy (duration, complications etc) :

.....
.....

❖ Birth (Duration, premature, hospital/home. Caesar etc) :

.....
.....

❖ Weight at birth :

❖ Breastfed? Yes/No Duration

❖ First Year Development

○ Crawling atmonths

○ Sitting atmonths

○ Walking at.....months

○ Talking atmonths

○ What age toilet trained? Any Difficulties?

❖ Does/did your child wet the bed? Yes/No Circumstances :

❖ Does child have any habits? (Nail biting, hair sucking/twisting, thumb sucking etc)?

.....

SECTION C : Health and Development

- ❖ Does your child suffer from any allergies:
 - Food
 - Asthma
 - Eczema
 - Other
- ❖ Does your child have any dietary restrictions? Yes/No
 - If yes, please give details
.....
.....
- ❖ Has your child been immunised? Yes/No
 - Type of immunisation :
 - 5 year booster? Yes/No
- ❖ Has your child ever been diagnosed with any of the following illnesses?
 - Mumps : Yes/No
 - Measles: Yes/No
 - Chicken Pox : Yes/No
 - Hepatitis : Yes/No
 - Meningitis : Yes/No
 - Whooping Cough : Yes/No
 - HIV : Yes/No
 - Pneumonia: Yes/No
 - Middle Ear Infection : Yes/No
 - Any other notifiable illnesses:
 - Any further treatment needed:
- ❖ Does your child suffer from ear or hearing problems? Yes/No
 - If yes, please give more information
.....
.....
- ❖ Does your child have any speech development concerns? Yes/No
 - If yes, please give more information
.....
.....
- ❖ Has your child ever had their vision tested? Yes/No
 - If yes, please explain your concerns
.....
.....
- ❖ Does your child have any special needs or disability that requires extra care? Yes/No
 - If yes, please give more details
.....
.....

SECTION D: Home and Family

- Do both parents reside in the family home: Yes/No
 - If no, please describe the family situation
.....
.....
- Do both parents work out of the home? Yes/No

- Describe your home life or beliefs which may be different or unique:
-
- Please describe our child’s bedtime routine, including bedtimes :
.....
- Does your child watch TV and/or videos? Yes/No How often? How long?.....
- Does your child attend music lessons? Yes/No How often?
- Does your child attend any organised sports activities? Yes/No How often?
- Does your child have access to and use of a computer? Yes/No
 - If yes, how often does the child use the computer
- Does your child exhibit any discipline problems which you find difficult and that may require assistance?
-

SECTION E: Play

- What family activities does your child especially enjoy?.....
-
- Where does your child like to play?
-
- What are your child’s favourite toys, games, activities?
-
- Does your child usually play (please circle where appropriate :
ALONE/WITH SIBLINGS/WITH OLDER CHILDREN/WITH YOUNGER CHILDREN
- How does your child usually behave in the company of other children?
SHY/CO-OPERATIVE/AGGRESSIVE
- Has your child attended any “childcare” situation? Yes/No
Please give details
-
-
- What pets does your child have?
-
- Does your child have any imaginary playmates? Yes/No
If so, please describe.....
-
-
- Is there anything pertinent to your child’s biography that has not been covered here -
illness, trauma, moving, travelling, counselling, play therapy, etc?.....
-
-
- Is there anything specific you would like to discuss at interview?
-
-
- Sometimes behavioural problems are associated with food intolerances, hearing difficulties,
over stimulation of other disorders. If your child’s teacher observes inappropriate behaviour
and recommends another professional opinion are you prepared to follow his advice?
Yes/No