COLLEGE OF LIBERAL ARTS
TAMU Psychology Clinic
Department of Psychological & Brain Sciences

FAMILY BACKGROUND INFORMATION

Date:_____ *Revised June 2019*

Child's Name:_____ Gender:_____

Address:_____ Birth date:_____/_____/_____
month day year

_____ Age:_____

Home Phone:(____)_____ Religious Affiliation:_____

Mother's Work Phone:(____)_____ Father's Work Phone:(____)_____

Mother's Mobile Phone:(____)_____ Father's Mobile Phone: (____)_____

Occupation: _____ Occupation:_____

Employer:_____ Employer:_____

Special Calling Instructions:_____

Name/phone of person to contact in case of an emergency:_____

Parents' current marital status: Single Married Separated Divorced Widowed Remarried

Primary language spoken at home:_____ Other languages spoken at home:_____

List all people currently living in your household:

Name	*Relation to Child*	*Age*	*Highest School Grade Completed*

Physical Address
Milner Hall—Suite 101
TAMU Building #0420
425 Ross Street
College Station, TX 77843-4258

Mailing Address
TAMU Psychology Clinic
Texas A&M University
4258 TAMU
College Station, TX 77843-4258

Tel: 979-845-8017; FAX: 979-845-5191

List child's family members or significant adults living outside household:

Name	*Relation to Child*	*Age*	*Highest School Grade Completed*

Has your child received psychological evaluation or treatment before? ☐No ☐Yes
If yes, describe:_____

Describe any illnesses or difficulties experienced by the mother or child during the pregnancy, delivery, or post-partum period with your child:_____

_____

Length of pregnancy:_____ months (or weeks) Child's weight at birth:_____ pounds, _____ ounces

Describe any high fevers, convulsions, seizures, head injuries, losses of consciousness, paralysis, serious illnesses, or hospitalizations experienced by your child:_____

_____

What is your child's current state of health?_____

Is your child on any medications at present? ☐No ☐Yes If "yes," please list:_____

_____

Describe any eating or sleeping problems experienced by your child:_____

_____

Describe any special growth or development problems experienced by your child:_____

_____

Describe any hearing, vision, or speech problems experienced by your child or any problems with communicating, understanding language, listening to stories, or carrying out instructions:_____

_____

Describe any problems with thumb sucking, chewing on objects, nail biting, facial tics, bed wetting, soiling, bad dreams or sleep walking experienced by your child:_____

_____

School:_____ Grade:_____ Teacher:_____

Principal:_____ District:_____ School Phone:(_____)_____

Describe any learning problems experienced by your child:_____

_____

Describe the situation if your child was ever retained in a grade or received any Section 504 services or special education services at school:_____

_____

Describe any enrichment, school-related extra-curricular, or community programs in which your child is involved:

_____

Describe your level of satisfaction with your child's progress in school:_____

_____

What disciplinary techniques are effective with your child?_____

_____

What disciplinary techniques are <u>not</u> effective with your child?_____

_____

Describe how your child interacts/gets along with:

Parents_____

Siblings_____

Teachers_____

Peers_____

Describe your child's hobbies or preferred activities:_____

_____

What are your child's assets or strengths?_____

_____

What are the main concerns for which you are requesting services for your child?_____

_____

_____

_____

_____

What other information do you think I should know to work with your child?_____

_____

_____

_____

_____

Brief Child Development and Behavior Checklist

Please check the column that best describes your child's development compared to most other children.

My child: *Check column that applies*	Early	On Time	Late	Don't Recall
Sat alone				
Crawled				
Walked				
Ate Solid Foods				
Fed Self				
Spoke Single Words				
Spoke phrases/sentences				
Slept through the night				
Toilet trained during day				
Stayed dry/clean at night				

Please check the column that best describes your child's current behavior in the following areas.

My child: *Check column that applies*	Never	Sometimes	Usually	Very Often
Is aggressive				
Is shy or timid				
Acts like a "dare devil"				
Has specific fears				
Shows good responsibility				
Has tantrums				
Is overactive				
Is underactive				
Gives up easily				
Finishes something started				
Is stubborn				
Is kind-hearted				
Likes school				
Has a good attention span				
Acts impulsively				
Is in trouble with the law				
Is honest or trustworthy				
Attends school regularly				
Enjoys activities with peers				