

## Developmental Questionnaire

### Client Information

Full Name	
Date of Birth	
Age	
Current School	
Grade Level	
Your Name	
Your Relationship to Client	
Today's Date	

Please list the client's areas of strength and interests, including academic, social and athletic:

Areas of concern:

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Issues with pregnancy or delivery. Birth weight. Complications in the first year of life:

Please discuss concerns with oral language, such as understanding vocabulary, grammar and speech articulation. Also include age of first words, phrases and complete sentences. List speech and language therapy:

Concerns with motor skills, including handwriting neatness, buttons, zippers, walking, climbing, balance, coordination and strength. Has the client received accommodations for motor issues or occupational therapy?

Behavior as a young child, anxiety separating, tantrums and other concerns before age five:

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Current and past medical issues, such as serious accidents, injuries or surgeries. Please include any current issues with eating, sleeping, hearing or seeing. Please list any medical diagnoses given:

Please list current medications and dosages, if any:

Tutoring, psychotherapy, psychiatry and any other services. Please include dates of service and names of providers:

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Previous testing, evaluator name and date. Please briefly summarize the results:

Educational accommodations or special education services. When did services start? What is provided now?

Significant life changes or traumatic events:

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Information about caregivers (Birth parents, stepparents, adoptive, etc.). Please list one caregiver per box:

Name:  
Relationship:  
Occupation:  
Education (degrees, major):

Name:  
Relationship:  
Occupation:  
Education (degrees, major):

Name:  
Relationship:  
Occupation:  
Education (degrees, major):

Name:  
Relationship:  
Occupation:  
Education (degrees, major):

With whom does the client live? If divorced, please describe the visitation schedule and parental rights:

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Name, relationship, age and sex of siblings (full siblings, step, half, adoptive):

**Please complete the following checklist. Feel free to write-in any concerns not listed.**

<b>Learning</b>	<b>No Concern</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Does not finish in-class assignments Does not finish tests on time Inconsistent memory recall Difficulty grasping abstract concepts Limited vocabulary				
Overwhelmed by homework Poor reading decoding skills Slow and labored reading Poor ability to focus on main ideas Trouble with reading comprehension				
Skips or inserts words when reading Avoids reading aloud Reverses letters when writing Messy handwriting Difficulty editing written work				
Slow speed of writing Trouble spelling Confuses common words (to, two, too) Punctuation errors Trouble typing				
Confuses arithmetic signs (+, -, x and ÷) Slow computational skills Does not know math facts Trouble with applied math problems Does not show work on paper Difficulty remembering formulas				

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**Attention and Restlessness**

**No Concern**

**Mild**

**Moderate**

**Severe**

Inattentive to details; makes careless errors  
Difficulty sustaining attention in tasks  
Difficulty organizing tasks and activities  
Trouble explaining ideas and organizing thoughts  
Avoids tasks that require sustained mental effort

Loses things necessary for tasks or activities  
Easily distracted by sights and sounds  
Forgetful in daily activities  
Fidgets with hands or feet; can't sit still  
Leaves seat when remaining seated is expected

Runs about or climbs excessively  
Difficulty playing or doing activities quietly  
Is "on the go" or often acts as if "driven by a motor"  
Talks excessively  
Blurts out answers before questions are completed

Has difficulty awaiting turn  
Interrupts or intrudes on others  
Has trouble managing time  
Has difficulty tracking assignments  
Turns in assignments late

Loses assignments  
Does not study sufficiently for tests  
Spends an excessive amount of time on homework  
Has a hard time remembering instructions

**Emotions and Behavior**

**No Concern**

**Mild**

**Moderate**

**Severe**

Worries in social situations  
Fears doing something embarrassing  
Anxious about tests  
Sensitive to criticism  
Worries something terrible will happen

Speaks too quietly  
Indecisive  
Bites nails, pulls hair or picks skin  
Overly focused on following rules  
Difficulty throwing things away  
Need for symmetry  
Repeatedly counts things

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Emotions and Behavior	No Concern	Mild	Moderate	Severe
<p>Washes hands frequently</p> <p>Engages in excessive list making</p> <p>Erases and restarts writing assignments</p> <p>Does not have friends the same age</p> <p>Trouble maintaining eye contact</p>				
<p>Difficulty interpreting facial expressions/gestures</p> <p>Does not understand social relationships</p> <p>Narrow range of interests or topics to discuss</p> <p>Trouble with voice pitch, tone and volume</p> <p>Trouble with empathy and perspective taking</p>				
<p>Difficulty with humor and idioms</p> <p>Has an exaggerated self-esteem</p> <p>Stays up late performing trivial tasks</p> <p>Has full nights without sleeping</p> <p>Has moods that shift dramatically and rapidly</p>				
<p>Has rapid speech that is difficult to understand</p> <p>Has unusual beliefs</p> <p>Acts in a sexually inappropriate manner</p> <p>Headaches</p> <p>Fatigue</p>				
<p>Difficulty falling asleep</p> <p>Dizziness</p> <p>Shortness of breath</p> <p>Awake in the middle of the night</p> <p>Stomachaches</p>				
<p>Muscle tension</p> <p>Heart pounding too rapidly</p> <p>Trembling</p> <p>Sad</p> <p>Irritable</p>				
<p>Uninterested in things</p> <p>Weight change (up or down by 5% in one month)</p> <p>Sleep issues (too little or too much)</p> <p>Bored and disengaged</p> <p>Feels worthless</p> <p>Feels hopeless</p> <p>Feels guilty</p> <p>Low or declining grades</p>				



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**Emotions and Behavior**

**No Concern**

**Mild**

**Moderate**

**Severe**

Misses school often Angry outbursts Engages in risky and reckless behavior Has physical fights Talks about hurting or killing self
Talks about hurting or killing others Is preoccupied with death Has hurt self on purpose Has attempted suicide Uses alcohol or other recreational drugs

**Please list any other concerns with emotions or behavior:**

**Name each school attended:**

**Grade level attended:**


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Please list any issues in the family history, such as learning disabilities, depression, anxiety, attention problems, speech and language, motor issues and social skills issues:

Is there anything else that we need to know?

***Thank you so much for completing this developmental questionnaire!***