

## **Psychoeducational Diagnostic & Intervention Clinic**

Ball State University Teachers College 037

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Family Data	BACKO	GROUND (	QUEST	IONNA	AIRE		
Client's Name:					Today	's Date:	
Birthdate:					-	_	
Home Address:						State:	Zip:
School/Occupation:			•				-
Person filling out this form:							
Mother's Name:					•		
Occupation:			_				
Father's Name:			-			_	
Occupation:			-				
Stepparent's Name:			-			_	
Occupation:			•				
•			•			•	
If parents are separated or c			•				
List all people living in hou			circ sopur				
bist air people fiving in not	Name		Doloti	onship to	Client		Λαο
	Name		Kelati	onsinp to	Chent		Age
If any brothers or sisters are	e living outside the h	ome, list their	names an	d ages:			
What is the primary langua	•			•			
wind is the primary rangua,	ge spoken at nome.						
Presenting Problem							
Describe the client's curren	nt difficulties:						
Describe the chefit's curren	it difficulties.						
What help, if any, do you th	hink is needed?						
What help, if any, do you th	hink is needed?						

## Presenting Problem – continued

When was the problem first noticed?			
How long has this problem been of concern to you?			
How did this problem come to your attention?			
Who brought this problem to your attention?			
Who has tried to help with this problem? family	school	_ other profess	sionals friends no one
What has been done to help the problem?			
Has the client been tested previously? No Yes	Please Expl	ain:	
What evaluation or treatment has the client already recei	ved for the cur	rent problem	or similar problems?
Who provided the treatment and when was it?			
Who referred you to the BSU School Psychology Clinic	?		title/position:
What seems to help the problem?			
What seems to make the problem worse?			
Developmental History			
During pregnancy, was mother on medication/drugs?	No	Yes	What kind?
During pregnancy, did mother smoke?	No	Yes	How much?
During pregnancy, did mother drink alcoholic beverages?	No	Yes	How much?
During pregnancy, did mother take/use drugs?	No	Yes	What kind?
Were forceps used during delivery?	No	Yes	
Was a Caesarean section performed?	No	Yes	For what reason?
Was the client premature, overdue?	No	Yes	By how many weeks/months?Birth weight:
Were there any birth defects or complications?	No	Yes	What kind?
Were there any feeding problems?	No	Yes	What kind?
Were there any sleeping problems?	No	Yes	What kind?
As an infant, was the client quiet?	No	Yes	
As an infant, did the client like to be held?	No	Yes	
As an infant, was the client alert?	No	Yes	
Did the client have any difficulty gaining weight?	No	Yes	
Were there any special problems in the growth and development of the client during first few years?	No	Yes	What kind?

Revised 05/12 Background Questionnaire

## Developmental History - continued

The following is a list of infant and preschool behaviors. Please indicate the age at which the client first demonstrated each behavior. If you are not certain of the age but have some idea, write the age followed by a question mark. If you don't remember the age at which the behavior occurred, please write a question mark.

Age

Age

showed	l response to parent		dressed	self			
rolled o	rolled over sat alone crawled walked alone			became toilet trained			
sat alon				stayed dry at night fed self			
crawled							
walked				poon			
babbled	1		rode tric	ycle _			
spoke f	irst word		wrote na	ıme			
put seve	eral words together		tied shoe	e laces			
Client Medical History							
Please check next to any (or ages) of the illness. T					oproximate date		
Date(s) o	or Ages:	Date(s) or	Ages:	D	ate(s) or Ages:		
measles	dizzine	ess	hosp	pitalizations			
diphtheria	mump	s		n blood pressure			
chicken pox	eczem	a or hives	who	oping cough			
meningitis	asthma	i	jaun	ndice/hepatitis			
scarlet fever				eding problems			
encephalitis	convul	lsions	men	nory problems			
tuberculosis	rheum	atic fever	bone	e joint disease			
cancer	high fe	ever	diffi	iculty concentrating			
epilepsy	broker	bones	hear	rt disease			
allergy	injurie	s to head	hear	rt condition/murmur			
hay fever	operati	ions		tal problems			
diabetes	visual	problems	stitc	hes			
fainting spells	suicide	e attempt	loss	of consciousness			
anemia	Germa	n measles	cons	stipation/diarrhea			
seizures	pneum	ionia	pois	oning			
extreme	freque	nt or	ear	problems, disease,			
tiredness or weaknes							
other	other			_			
Is the client on any medic	cation at this time? N	lo Yes What k	ind & dosage?				
Family Medical History							
Place a check next to any please note the person's r		•	ne immediate family h	as had. When you cl	neck an item,		
	Relationship to clie	ent					
alcoholism/drug use			nervous/psychologica	l problem			
cancer			diabetes				
depression			heart trouble				
suicide attempt			learning difficulties				
hyperactivity			seizures/epilepsy				
behavior problems	- <del></del>		Special Ed./Chapt. 1 p	orograms			
attention problems	- <del></del>		speech/language prob	lems			
other			other				

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## **Educational History**

Place a check next to any educational problem that the client	currentl	y exhibit	s.	
has difficulty with reading has difficulty with arithmetic has difficulty with spelling has difficulty with writing has difficulty with memory			oes not like school as difficulty with other su	
Is the client in a special education class?	No	Yes	What kind?	
Has the client been held back in a grade?	No	Yes	What grade?	
Has the client ever been home schooled?	No	Yes	What grades?	
Has the client attended summer school/summer programs?			What kind?	
Has the client ever received tutoring?	No	Yes	How long?	
Has the client ever received speech therapy?	No	Yes	How long?	
Has the client ever received counseling?	No	Yes	How long?	
Has the client ever received occupational/physical therapy?				
How much school has the client missed?				
Social and Behavioral History				
Place a check next to any behavior or problem that the client	currentl	y exhibit	S.	
has difficulty with hearing has has difficulty with language has has difficulty with vision door is shy or timid has is much too active has rocks back and forth abutis rejected by others has is cruel to animals loot is slow to learn has blank spells sucks thumb show is more interested in things eng	s freque s trouble es not g s difficu s poor b uses dru s tenden bks to ot s trouble s special ows dar gages in	lty establ owel com g/alcohol cy to wor hers to so e making/ l fears, ha edevil bel	well with siblings ishing trust trol (soils self)  rry olve problems keeping friends abits, mannerisms havior that could be	prefers to be alone wets bed bangs head is aggressive is stubborn is clumsy tells lies eats poorly holds breath gives up easily is impulsive is moody bites nails other
Comments:				
Other Information Please list the client's favorite activities:				
What activities would the client like to engage in more often	than he	/she does	at present?	

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Background Questionnaire

Other Information – continued What activities does the client like least?		
What are the client's assets or strengths?		
	No Yes No Yes	What kind? For what?
ignore problem behavior  scold client  spank client  threaten client  reason with client  redirect client's interest	tell ser tak tim doi	client to sit on chair ad client to his or her room e away some activity or food
TV time give food rewards give special activity with client go or	privileges an allowance	allow friends to spend night  ride bicycle allow access to car hug client other
Which disciplinary techniques are usually effective?		
With what type of problem(s)?		
Which disciplinary techniques are usually ineffective?		

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Other Information – continued
With what type of problem(s)?
What have a few days had a construction of the
What have you found to be the most satisfactory ways of helping the client?
How do you show support for the client?
How does the client know if he/she has done something well and/or right?
How is your relationship with the client as a parent?
Is there any other information that you think may halp us in working with the client?
Is there any other information that you think may help us in working with the client?
What specific questions do you want answered from this evaluation?
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Thank you for taking the time to complete this form!