



WASATCH PEDIATRIC  
NEUROPSYCHOLOGY

### *Psychological History Form*

*Date of Completion:*

*Person Completing Form (Name/Relationship):*

*Address:*

*Phone number:*

*Child's Full Legal Name:* \_\_\_\_\_

*Gender* \_\_\_\_\_ *Birth Date* \_\_\_\_\_ *Current Age* \_\_\_\_\_

*Current Grade* \_\_\_\_\_

*School* \_\_\_\_\_ *District* \_\_\_\_\_

*Child presently lives with:*

\_\_\_\_\_ *Biological Parents*      \_\_\_\_\_ *Bio· Mother*      \_\_\_\_\_ *Bio·Father*

\_\_\_\_\_ *Father/Step Parent*      \_\_\_\_\_ *Mother/Step Parent*

\_\_\_\_\_ *Adoptive Parent(s)*      \_\_\_\_\_ *Foster Parents*

\_\_\_\_\_ *Other* \_\_\_\_\_

*Siblings (Names and Ages):* \_\_\_\_\_

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*What are the best things about your child?*

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*What are your child's areas of great accomplishment?*

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*What does your child enjoy doing most?*

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*What does your child dislike doing?*

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*What most concerns you about your child?*

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*What changes are you hoping to make (or what development are you hoping to encourage) in your child by participating in this evaluation?*

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*Any concerns about the following that you think are important to share:*

***Physical development** (milestones such as walking, talking, etc.)-*

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***Social development** (making and keeping friends, engaging with others, etc.)-*

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***School Experiences or Learning Problems-***

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*Please use space below to note anything else you feel psychologist should know in helping your child:*

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