

DIPLOMATE OF THE AMERICAN BOARD OF PEDIATRIC NEUROPSYCHOLOGY
DIPLOMATE OF THE AMERICAN BOARD OF PROFESSIONAL NEUROPSYCHOLOGY

<u>INITIAL HISTORY – IQ TESTING</u>

PLEASE FILL OUT \underline{ALL} SECTIONS BELOW

Name of Child:			Date of Birth:			
Ethnic/C	ultural Background:	La	Language(s) spoken? Current Grade:			
Current	School:	Cu				
Parent 1						
	Name	Phone	Email			
Parent 2	Name	Phone	Email			
Has your	r child undergone previou	us IQ testing? Yes	No			
If yes,	When?	With whom?	Test administered?			
What are	your child's challenges?	HEALTH AND DEVELOR	<u>PMENT</u>			
1.]	Pregnancy/Delivery:					
	a. Baby's gestational age (full-term? Late? Early? How many weeks?)					
	b. Any complications	b. Any complications?				
	c. Medications during	g labor				
	d. Fetal distress?	APGAR score at 1 mir	At 5 minutes?			
	e. Baby's presentation (normal, use of forceps, vacuum)					
	f. Birth weight					

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2.	2. <u>Milestones – Approximately when did your child</u> :					
		sit without support	crawl	<u>walk</u>		
		Speak first words	speak phrase	s/sentences		
3.	<u>Health</u>					
	a.	Any problems?				
4.	School	School history of child (academic, social, performance. Include school names.)				
	a.	Preschool name -				
		Performance:				
	b.	Elementary name -				
		Performance:				
	c.	Middle School name -				
		Performance:				
5. Family and social constellation						
	Parents are Married/ Divorced/ Separated/ Widowed					
	Other c	hildren: Brother(s) names and ages	Siste	r(s) names and ages		
	How's	your child's social life? How does he/s	she spend free time	?		
6.	Family	history				
	Years o	f school/degree(s) obtained: Mother: Father: Pa	rents' type(s) of wo	rk?		
7.	Supplementary information - anything else you want to include					
If test re School,	esults der please si	monstrate your child's IQ is 138 of about to authorize me to release the	ove, and you plan to ne report to The Mir	o make an application to The Mirman rman School admissions office.		
	Name			Date		
	Signatur	re				