

## RETROSPECTIVE REPORT

Please fill out prior to Initial Evaluation at The Hallowell Center. To be filled out by a parent, when possible. If no parent is available, please complete the form yourself.

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: SELF \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ OTHER: \_\_\_: \_\_\_\_\_  
(Name)

*Instructions:* As part of the evaluation, we are requesting that you complete this questionnaire as best you can. The information you provide is very important in our efforts, and your cooperation is appreciated.

### INFANCY

Were any of the following problems present during your first few years of life? (*circle one*)

Did you enjoy cuddling	<b>YES</b>	<b>NO</b>
Difficult to comfort	<b>YES</b>	<b>NO</b>
Colic	<b>YES</b>	<b>NO</b>
Excessive restlessness	<b>YES</b>	<b>NO</b>
Excessive irritability	<b>YES</b>	<b>NO</b>
Excessive crying	<b>YES</b>	<b>NO</b>
Excessive shyness	<b>YES</b>	<b>NO</b>

Did you seem to develop more slowly than other children in the following areas? (*circle one*)

Walking	<b>YES</b>	<b>NO</b>
Talking	<b>YES</b>	<b>NO</b>
Riding a bike	<b>YES</b>	<b>NO</b>
Learning to skip	<b>YES</b>	<b>NO</b>
Learning to throw or catch	<b>YES</b>	<b>NO</b>

### TEMPERAMENT

Please rate the following behaviors for yourself up to 5 years of age.

*Activity Level* – How active were you from an early age? \_\_\_\_\_

\_\_\_\_\_

*Distractibility* – How well did you pay attention? \_\_\_\_\_

\_\_\_\_\_

*Play* – How well were you able to play alone without constantly needing adult attention? \_\_\_\_\_

\_\_\_\_\_

*Adaptability* – How well did you deal with transition and change? \_\_\_\_\_

\_\_\_\_\_

*Mood* – What was your basic mood? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL HISTORY**

Please indicate whether you had any of the following school experiences (*circle one*).

Was retained a grade in school	<b>YES</b>	<b>NO</b>
Difficulty with reading	<b>YES</b>	<b>NO</b>
Difficulty with math	<b>YES</b>	<b>NO</b>
Received poor grades	<b>YES</b>	<b>NO</b>
Disliked doing homework	<b>YES</b>	<b>NO</b>
Disliked going to school	<b>YES</b>	<b>NO</b>
Had behavior problems in school	<b>YES</b>	<b>NO</b>
Was tested for special education	<b>YES</b>	<b>NO</b>

If yes to any of the above, please describe the problems \_\_\_\_\_

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**DISCIPLINE PROBLEMS**

Briefly describe any behavior problems you may have had at home. Did you create more problems within the home setting than other children? \_\_\_\_\_

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**PROFESSIONALS CONSULTED**

Was any clinician consulted for any concerns about your behavior or school progress? NO \_\_\_ YES \_\_\_

If yes, please describe the problems at that time.

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Please write any comments about your past or present behavior that you feel would be helpful for us to know. (*Use a separate sheet of paper, if needed*).

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