eng

# Culturally diverse case history and preassessment information – Children

Scharff Rethfeldt (2022)

_____ _____ _____

Child's Name | Birth Date | Place and Nationality

_____

Address (please include area code)

_____ _____ _____

Informant's name | name of person completing this form | Date

## Parents / Guardian

_____ _____ _____

**Mother's Name** | Birth Date | Place and Nationality

_____

Address (please include area code)

_____ _____ _____

Home number | Mobile / cell number | Email

_____ _____

Education | Current occupation

Absent / at work (unavailable for contact) from _____ to _____ on (circle) Mon – Tue – Wed – Thu – Fri – Sat – Sun

_____ _____ _____

**Father's name** | Birth Date | Place and Nationality

_____

Address (please include area code)

_____ _____ _____

Home number | Mobile / cell number | Email

_____ _____

Occupation | Current occupation

Absent / at work (unavailable for contact) from _____ to _____ on (circle) Mon – Tue – Wed – Thu – Fri – Sat – Sun

Both parents living together / separated since _____ (circle) / living in Germany since _____ (date) (date)

Residence status

**Mutter** ☐ EU-citizen ☐ Permanent resident ☐ Settlement Permit
☐ Residence permit ☐ Visa ☐ Asylum ☐ _____

**Father** ☐ EU-citizen ☐ Permanent resident ☐ Settlement Permit
☐ Residence permit ☐ Visa ☐ Asylum ☐ _____

_____ _____

Referred by (name of medical doctor) | Name of insurance company

## Siblings / other family members

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | ☐ boy ☐girl |
| Name | Birth Date | Place | |
| _____ | _____ | _____ | ☐ boy ☐girl |
| Name | Birth Date | Place | |
| _____ | _____ | _____ | ☐ boy ☐girl |
| Name | Birth Date | Place | |

Other persons living in the home _____

Is this child adopted? ☐ no ☐ yes, when and where from? _____

## Reason for referral

Describe your concerns: _____

Who first noticed the problem? When? _____

What has been done for improvement? _____

Are there any other problems? ☐ no ☐ yes, what kind? _____

## Prenatal and Birth History / General Health

During the pregnancy with this child, were there any problems? ☐ no ☐ yes

| | | |
|---|---|---|
| Any difficulties prior this pregnancy? | ☐ no | ☐ yes |
| Illness and / or injuries during pregnancy? | ☐ no | ☐ yes |
| Medication during pregnancy? | ☐ no | ☐ yes |
| Smoking during pregnancy? | ☐ no | ☐ yes |
| Was this child born prematurely? | ☐ no | ☐ yes, week _____ |

Birth weight of infant _____ length of infant _____ APGAR scores ___/___/___

Delivery was ... ☐ normal ☐ Caesarean ☐ forceps delivery ☐ vacuum extraction ☐ other

Where there any complications during delivery? ☐ no ☐ yes: _____

Breast feeding? ☐ yes, until _____ (age) ☐ no, because _____

Who did breast feed the child? ☐ mother ☐ other woman ☐ bottle

Has the child ever been hospitalized? ☐ no ☐ yes, reason: _____

Has the child had any surgeries? ☐ no ☐ yes, describe: _____

Has the child had tonsillitis? ☐ no ☐ yes, how often? _____

… tonsils / adenoids removed? ☐ no ☐ yes, when? _____

Has the child ever had ear infections? ☐ no ☐ yes, how often, when? _____

Did the child have a seromucinous otitis media? ☐ no ☐ yes, how often, when? _____

Hearing has been evaluated on _____ at _____ Results: ☐ ok ☐ conspicuous

Does the child have any known allergies? ☐ no ☐ yes,_____

Is the child currently under medical treatment or on medication? ☐ no ☐ yes _____

Did the child experience any of the following illnesses?

| | | | | |
|---|---|---|---|---|
| ☐ Measles | ☐ Chickenpox | ☐ Scarlet fever | ☐ Pertussis | ☐ Asthma |
| ☐ Mumps | ☐ Neurodermatitis | ☐ Rubella | ☐ Meningitis | ☐ Diphtheria |
| ☐ Bilharziasis | ☐ Intoxication | ☐ Malaria | ☐ Japanese Encephalitis | ☐ _____ |

Does the child currently have a medical diagnosis? ☐ no ☐ yes: _____

Have any other medical doctors / therapists seen the child?
☐ pediatrician ☐ ENT specialist ☐ neurologist ☐ psychologist ☐ eye specialist ☐ _____
☐ speech language therapist ☐ physiotherapist ☐ occupational therapist

## Developmental History

Can you recall the age at which the following occurred?

| | | |
|---|---|---|
| As a baby, the child rolled over from back to front | ☐ no | ☐ yes, at _____ months of age |
| ... wriggling on abdomen | ☐ no | ☐ yes, at _____ months of age |
| ... crawling | ☐ no | ☐ yes, at _____ months of age |
| ... sitting alone, unsupported | ☐ no | ☐ yes, at _____ months of age |
| ... pulling to standing, e.g. holding on to furniture | ☐ no | ☐ yes, at _____ months of age |
| ... walking alone | ☐ no | ☐ yes, at _____ months of age |

What kinds of activities does the child most prefer?
☐ running ☐ climbing ☐ drive Bobby-car ☐ ride scooter ☐ play ball
☐ romping ☐ swimming ☐ ride tricycle ☐ cycling ☐ skates/skateboard
☐ swinging ☐ sandpit ☐ sliding ☐ build with blocks (e.g. Lego, Duplo)
☐ drawing ☐ make things ☐ cut with scissors ☐ looking at books
☐ watch TV ☐ play computer games ☐ listen to audio stories ☐_____

Does the child enjoy to move? ☐ always ☐ loves to, a lot ☐ doesn't like to ☐ rarely active

Type of activities the child likes to engage in the most often: _____

Whom does the child prefer to play with? _____
(please name person and age)

Does the child like to play alone? ☐ no ☐ yes, with what does he often play on his own? _____

What is the average length of time the child can stay playing at one activity? about _____ minutes

Does the child enjoy singing? ☐ no ☐ yes Does the child enjoy dancing to music? ☐ no ☐ yes

Does the child enjoy singsongs or nursery rhymes? ☐ no ☐ yes

Does the child have interest in book reading? ☐ no ☐ yes
Who reads to the child? _____ How often per week? _____
(please name persons, their age, the language used)

Does the child have interest in story telling? ☐ no ☐ yes
Who tells stories to the child? _____ How often per week? _____
(please name persons, their age, the language used)

Do family members (mother, father) read (books, magazines? ☐ no ☐yes, sometimes ☐yes, often

Provide the approximate duration how long the child watches TV:
☐ never ☐ rarely ☐1 hour per day ☐ 2-3 hrs. per day ☐ more than 3 hrs. per day

What kinds of food does the child prefer? _____ ; rather ☐ chewy ☐ soft foods

Does / Did the child exhibit habits such as ☐ thumb sucking ☐ pacifier (until aged _____ )?

Would you describe your child's mouth more often being ☐ opened or ☐ closed?

How long has your child been drinking bottle? until aged _____

At what age did the child begin to feed him-/herself independently? aged _____

Does the child usually eat lunch? ☐ no ☐ yes, whereat? ☐ at home
☐ at kindergarten
☐ at school

## General information on social and educational history

Who is / are the main caregiver/s of this child? (please provide name and age of the person/s)

_____

Does the child attend **kindergarten / preschool**? ☐ yes, since _____ ☐ nein
(circle one)

Days and frequency of attendance: ☐ every day (Mon-Fri), from _____ to _____ h
☐ _____ days per week, from _____ to _____ h

How does the child like to go there? ☐ yes, always ☐ sometimes ☐ does not like it

What language(s) is (are) spoken there? _____

Does the child easily establish to contact to other children? ☐ no ☐ don't know ☐ yes

Does the child receive special language services? ☐ no ☐ don't know ☐ yes

_____
Name of the institution Name of the class Name of the teacher

Does the child attend **school**? ☐ yes, since _____ ☐ other classes _____ ☐ no
(e.g. at church, religious classes, language classes, ...)

Days and frequency of attendance: ☐ every day (Mon-Fri), from _____ to _____ h
☐ _____ days per week, from _____ to _____ h

How does the child like to go there? ☐ yes, always ☐ sometimes ☐ does not like it

What language(s) is (are) spoken there? _____

Does the child easily establish to contact to other children? ☐ no ☐ don't know ☐ yes

Does the child learn another language at school? ☐ no ☐ yes

_____
Name of the institution Name of the class Name of the teacher

Is the child involved in any sports activities? ☐ no ☐ yes, what kind? _____

How often, how long? ___ days per week from _____ to _____ h, at _____ (venue)

Does the child receive music classes? ☐ no ☐ yes, which instrument? _____

How often, how long? ___ days per week from _____ to _____ h, at _____

Other activities: _____

Is the child responsible for any duties / chores at home ? ☐ yes ☐ no

☐ helps out in the kitchen ☐ cares for younger siblings (babysitting)
☐ helps cleaning the rooms ☐ feeds and assists younger siblings
☐ helps out with translations into German
☐ with public authorities ☐ when shopping ☐ on the phone
☐ when talking to teachers ☐ _____

☐ other duties: _____

**Thank you for taking the time to complete this form.**
**If there are any questions, please do not hesitate to ask.**