



Culturally diverse case history and preassessment information – Children

Scharff Rethfeldt (2023)

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 Mon – Tue – Wed – Thu – Fri – Sat – Sun
(circle)

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 Mon – Tue – Wed – Thu – Fri – Sat – Sun
(circle)Both parents living together / separated since _____ / living in Germany since _____
(circle) (date) (date)

Residence status

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

Referred by (name of medical doctor)

Name of insurance company

Siblings / other family members

Name	Birth Date	Place <input type="checkbox"/> boy <input type="checkbox"/> girl
Name	Birth Date	Place <input type="checkbox"/> boy <input type="checkbox"/> girl
Name	Birth Date	Place <input type="checkbox"/> boy <input type="checkbox"/> girl

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?

<input type="checkbox"/> Measles	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Mumps	<input type="checkbox"/> Neurodermatitis	<input type="checkbox"/> Rubella	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Bilharziasis	<input type="checkbox"/> Intoxication	<input type="checkbox"/> Malaria	<input type="checkbox"/> Japanese Encephalitis	<input type="checkbox"/> _____

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.**