

M.A., Parent Coach

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| Childs Name: | Date of Birth: | Age: | |
|--|--------------------------------|------|--|
| Gender: • Male • Female | | | |
| What is your child's main problem or major reason for seeking help at this time? | | | |
| How long has your child had these problems, symptoms, or issues? | | | |
| Describe any other behavioral or emotional | problems your child is having: | | |

| Describe the impact of your child's problems/behavior on the family: |
|---|
| What interventions have you tried that have not been successful? |
| List any parenting books you have read: |
| What is a typical day like for your child? What activities is she/he involved in? |
| What is your child's sleep schedule? What time does she/he go to bed? Wake up? Does he/she nap? For how long? |
| How much screen time does your child get? What are her/his favorite shows/games? |

| How | would you describe your child's personality? |
|------|---|
| Wha | t was your child like as an infant? |
| Desc | cribe your child's strengths and unique qualities: |
| | |
| Ţ. | Problems with Pregnancy Problems with labor Problems with delivery s to any, please describe: |

| What was your postpartum experience like? | | |
|---|--|--|
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| | | |
| | | |
| Please | e check below if child is/was delayed in any of the following areas: | |
| | Holding head up | |
| | Turning over | |
| | Sitting up | |
| | Crawling | |
| | Walking alone | |
| | Weaning Fooding solf | |
| | Feeding self Toilet training | |
| | Using single words | |
| | Using sentences | |
| | Dressing self | |
| | Sleeping through night | |
| Please | e elaborate on any delays: | |
| | | |
| | | |
| As a b | aby/toddler, was child: check all that apply: | |
| | Eating well | |
| | Colicky | |
| | Head banging | |
| | Performing rocking behavior | |
| | Clumsy | |
| | Easy to regulate (sleeping/eating) | |
| | Wanting to be left alone | |
| | Adaptable to transitions | |

| | More interested in things than people Easy to soothe Performing daredevil behavior |
|-------|--|
| Does | your child have a diagnosis? Please elaborate. |
| What | are your family's strengths? |
| What | do you hope to accomplish with parenting coaching? |
| Pleas | e include any additional information you would like me to know: |