

**CENTRAL STATE HOSPITAL  
CHILD AND ADOLESCENT NURSING ASSESSMENT**

**Developmental History and Assessment**

**I. Birth History:**

Prenatal Care?       Yes    No   Explain: \_\_\_\_\_  
Birth Problems?     Yes    No   Explain: \_\_\_\_\_  
Birth Defects?       Yes    No   Explain: \_\_\_\_\_

**II. Developmental Milestones:**

Age began sitting alone: \_\_\_\_\_    Age began walking: \_\_\_\_\_  
Age began feeding self: \_\_\_\_\_    Age began talking: \_\_\_\_\_  
Age toilet trained: \_\_\_\_\_    Age began interacting with peers: \_\_\_\_\_

**III. Socialization:**

Do you have friends?  Yes    No   Explain: \_\_\_\_\_  
Do you have a best friend?  Yes    No   Explain: \_\_\_\_\_  
How do you get along with your peers? \_\_\_\_\_  
What do you do on an average day? \_\_\_\_\_

List of activities in which you are involved:

<u>School</u>	<u>Church</u>	<u>Community/Peers</u>

**IV. Education:**

Age began school: \_\_\_\_\_    Current grade: \_\_\_\_\_    Grades repeated: \_\_\_\_\_  
Do you like school?  Yes    No   Explain: \_\_\_\_\_  
Do you have problems learning?  Yes    No   Explain: \_\_\_\_\_  
Do you have problems concentrating in school?  Yes    No   Explain: \_\_\_\_\_

Do you have problems sitting still in class?  Yes    No   Explain: \_\_\_\_\_  
Are you entitled to the Individuals with Disabilities Education ACT(IDEA)?  Yes    No  
Explain: \_\_\_\_\_  
Special Education:  MR    LD    BD    PsychoED   Explain: \_\_\_\_\_

Behavior problems in school?    Yes    No   Explain: \_\_\_\_\_

Expelled/suspended from school or attended alternative school:  Yes    No   Explain: \_\_\_\_\_

How do you get along with your teachers?   Explain: \_\_\_\_\_

STAMP PLATE

**V. Maturation:**

Present Head circumference: \_\_\_\_\_(inches)  
Body size appropriate for age? 9 Yes 9 No Explain: \_\_\_\_\_

Development of secondary sex characteristics appropriate for age? 9 Yes 9 No  
Explain: \_\_\_\_\_

Language appropriate for age? 9 Yes 9 No Explain: \_\_\_\_\_  
Socialization skills appropriate for age? 9 Yes 9 No Explain: \_\_\_\_\_

Problem solving, decision making, & logic appropriate for age? 9 Yes 9 No  
Explain: \_\_\_\_\_

Destructive behavior/temper tantrums? 9 Yes 9 No Explain: \_\_\_\_\_

Independent functioning/autonomy appropriate for age? 9 Yes 9 No Explain: \_\_\_\_\_

## VI. Self Concept/Perception:

How do you describe yourself? \_\_\_\_\_

How do others describe you? \_\_\_\_\_

How do you deal with criticism? \_\_\_\_\_

Problems with body image? 9 Yes 9 No Explain: \_\_\_\_\_

## VII. Family System:

Parents living? 9 Yes 9 No Position in family? \_\_\_\_\_ Care giver? \_\_\_\_\_

Describe how you were disciplined: \_\_\_\_\_

Describe communication style of family/care giver: \_\_\_\_\_

Who is your main support system? \_\_\_\_\_

Describe the impact that your hospitalization has on your family/guardian: \_\_\_\_\_

Describe the impact that your family/guardian has on your hospitalization: \_\_\_\_\_

## VII. Sexuality:

Has reached puberty? 9 Yes 9 No Explain: \_\_\_\_\_

Sexually active? 9 Yes 9 No Explain: \_\_\_\_\_

Uses contraception? 9 Yes 9 No Explain: \_\_\_\_\_

Practices "safe sex"? 9 Yes 9 No Explain: \_\_\_\_\_

Have you had any sex education? 9 Yes 9 No Explain: \_\_\_\_\_

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time