INITIAL SOCIAL AND DEVELOPMENTAL HISTORY

Child's Name _____ Birthdate _____ Age _____

School _____ Grade _____ Sex: ☐ Male ☐ Female

Home Address _____ Phone _____

Ethnic Background (Circle one): ☐ American Indian or Native Alaskan, ☐ Asian or Pacific Islander, ☐ Hispanic, ☐ Black American, ☐ White (not Hispanic), ☐ Multiracial

Person completing this form: (Circle one): Natural Mother, Natural Father, Foster Parent, Stepmother, Stepfather, Adoptive Parent ☐ or Other (Please explain): _____

Date Form Completed _____ Date Form Received by School Psychologist _____

Marital status of parents: _____

If separated or divorced, how old was child at separation _____ at divorce _____

Who has custody of this child? _____ Does the child have contact with the non-custodial parent? _____

How often does the non-custodial parent see this child? (Circle one): At least Weekly, Monthly, Few times each Year, or Never

Is either biological parent deceased? Mother ☐ Father ☐ If Yes, indicate the year _____

Mother's Name _____ Age _____ Education _____

Occupation _____ Phone: Home _____ Business _____

Father's Name _____ Age _____ Education _____

Occupation _____ Phone: Home _____ Business _____

Stepmother's Name _____ Age _____ Education _____

Occupation _____ Phone: Home _____ Business _____

Stepfather's Name _____ Age _____ Education _____

Occupation _____ Phone: Home _____ Business _____

List all brothers and sisters, or others living with the family and their relationship to the child.

Name	Age	Sex	Relationship to child	Living in home?	Living outside home?

Describe the child's relationship with siblings or others in home.

Has the student been involved in any of the following settings? If yes, indicate the dates: Foster home _____

Group home _____ Correctional Facility _____ Psychiatric Facility _____ Other (specify) _____

Primary language spoken in the home: _____ Other languages spoken in the home: _____

What was the first language learned? _____

If other than English, at what age did your child begin to speak English? _____

Child's Name:_____

STUDENT'S PRESENT PERFORMANCE

t your child's strengths:

List your child's interests:

Briefly describe your child's current difficulties:

How long has this problem been of concern to you? _____Are there other family members with the same problems? _____

If Yes, list name and relation:_____

Has the child received evaluation or help for the current problem or similar problems? Yes☐ No☐

If Yes, list when and with whom _____

MEDICAL HISTORY

Is the child on any medication at this time? Yes☐ No☐. If Yes, list information.

Medication	Dosage	Dispensed at Home	Dispensed at School	Diagnosis and Reason for Medication

Check all illness or condition(s) that your child has had:

☐	Cancer	Age_____	☐	Allergies	Age_____	☐	Encephalitis	Age_____
☐	Hospitalization	Age_____	☐	High Fever	Age_____	☐	Frequent or Severe Headaches	Age_____
☐	Head injury	Age_____	☐	Asthma	Age_____	☐	Unconsciousness	Age_____
☐	Operations or Surgery	Age_____	☐	Diabetes	Age_____	☐	Seizure Activity	Age_____
☐	Meningitis	Age_____	☐	Dizziness	Age_____	☐	Attention Deficit Disorder	Age_____
☐	Bone/Joint Disease	Age_____	☐	Broken Bones	Age_____	☐	Wetting or Soiling Day☐ Night☐	Age_____
☐	Sleeping Problems	Age_____	☐	Suicide Attempt	Age_____	☐	Lead Poisoning	Age_____
☐	Color Blindness	Age_____	☐	Other (Specify)	_____			Age_____

Other chronic medical conditions:

Please further explain any listed illness or condition:

Name of Child's Doctor _____ Address _____

Date of last Physician examination _____ Does the Physician know of the child's school problems? ☐

Physician's comments about school problems:

Child's Name:_____

FAMILY MEDICAL HISTORY

Place a check next to any illness or condition that any family member has had. When you check an item, list the family member's relationship to the child.

- ☐ Academic Problems _____
- ☐ Alcoholism _____
- ☐ Cancer _____
- ☐ Depression _____
- ☐ Developmental Problems _____
- ☐ Diabetes _____
- ☐ Drug Problems _____
- ☐ Emotional Problem _____
- ☐ Epilepsy _____
- ☐ Heart Trouble _____
- ☐ Neurological Disease _____
- ☐ Suicide Attempt _____
- ☐ Other Medical Issues _____

DEVELOPMENTAL FACTORS

PREGNANCY: Mark if mother had any of the following during pregnancy:

☐ Hospitalizations ☐ Diabetes ☐ Infectious Diseases (List) _____

☐ Convulsions ☐ High Fever ☐ Exposure to X-rays or Chemicals

☐ German Measles ☐ Medications (specify): _____

IS THERE A PRENATAL HISTORY OF MOTHER USING (indicate which trimester)

Cigarettes 1st ☐ 2nd ☐ 3rd ☐ Alcohol 1st ☐ 2nd ☐ 3rd ☐ Recreational Drugs 1st ☐ 2nd ☐ 3rd ☐

When did the Mother have physician care during pregnancy? 1st ☐ 2nd ☐ 3rd ☐ Prescription or other Drugs 1st ☐ 2nd ☐ 3rd ☐

BIRTH FACTORS:

Length of pregnancy: _____ Weight at birth: _____ Was a caesarean (C-section) performed? _____

Prolonged, difficult or forced labor? _____ Birth defects or complications: _____

Were there any special problems within the first month? _____

EARLY DEVELOPMENT: At what age did the child do the following:

Sit alone _____ Speak first words _____ Speak in Sentences (2 – 3 words) _____

Crawl _____ Walk alone _____ Have Bladder and Bowel Control _____

Did the doctor indicate any developmental problems during the child's first three years of life? Yes ☐ No ☐ If Yes, please explain._____

SPECIAL FACTORS

VISION:

- ☐ No apparent problem
- ☐ Vision Examination
  date _____ by whom _____
- ☐ Wears glasses
- ☐ Wears contacts
- ☐ Had surgery (specify: _____ age _____)

HEARING:

- ☐ No apparent problem
- ☐ Hearing Examination
  date _____ by whom _____
- ☐ Had surgery (specify _____ age _____)
- ☐ Ear infections/frequency _____
- ☐ Hearing loss/Age of loss _____

GROSS AND FINE MOTOR:

- ☐ No apparent problem
- ☐ OT or PT Examination
  date _____ by whom _____
- ☐ Walking, jumping, running problems
- ☐ Cutting, writing, coloring printing problems
- ☐ Other (specify _____)

COMMUNICATION:

- ☐ No apparent problem
- ☐ Speech and Language Examination
  date _____ by whom _____
- ☐ Problems expressing thoughts
- ☐ Problems pronouncing words
- ☐ Other (specify _____)

SOCIAL:

How does your child interact with other children? (list any: fights, play groups, friends, trouble, etc.)

How does your child get along with adults?

Have you noticed any unusual social interactions? Yes ☐ No ☐ If Yes, please explain:

Child's Name: _____

SCHOOL HISTORY

Preschool/Grade Level	Name of School	Location

Has your child been absent from school a lot? Yes ☐ No ☐ If Yes, please explain:

SCHOOL INTERVENTIONS

MARK INTERVENTIONS THE CHILD HAS RECEIVED:	YES	NO	GRADES	COMMENTS
Repeated Grade				
Reading Assistance				
Remediation				
Speech/Language Services				
Counseling or Social Services				
Suspension or Expulsion				
Summer School				
Other (specify)				

AGENCY SERVICES

LIST THE AGENCIES THAT HAVE PROVIDED SERVICES FOR THE CHILD:	DATES	REASON (Provide as much detail as possible; use a separate page if necessary)
Private Tutoring		
Private Counselor or Therapist (specify)		
Community Service Agency (specify)		
Mental Health Agency		
Department of Children and Families		
Court System		
Day Treatment Program (specify)		
Inpatient Psychiatric Hospital (specify)		

What do you think your child needs to do that he/she is not doing now and why?

Do you have any other questions or concerns?

Any other information which would help us understand your child?