ISD 721
NEW PRAGUE AREA SCHOOLS
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Social/Developmental History Form

This form was completed by:_____ Date:_____

SOCIAL HISTORY

Child's Name_____ Address_____ Zip_____
Child's Sex (circle) Male Female Date of Birth_____ Race_____
Home Phone_____ Mother's Cell_____ Dad's Cell_____
Child's School_____ Grade_____ Teacher_____

Parent's Name	Age Range	Occupation	Work Phone	Working Hrs.	Education

Child Lives with: _____Natural Mother _____Natural Father _____Step-Mother _____Step-Father
_____Foster Family _____Legal Guardian(s):_____
Was the child adopted? _____Yes _____No If yes, at what age_____
Family history of learning or mental health difficulties experienced by child's parents or siblings? Explain:_____
_____

Please list all biological siblings (full, half and step) of this student:

Name	Age	Relationship to child	Special Education?	Place of residence

Please list all other adults/or children living in the household with the child:

Name	Age	Relationship to child

Describe any significant disruptions the child may have experienced **within the past year:**

_____Divorce/Separation of parents _____Parent re-married _____Moving
_____Death of pet _____Changed Schools _____Friend moved away
_____Illness in family (explain)_____ _____Parent lost job or financial
_____Death (explain)_____ condition changed
_____Family member/child in trouble with the law (explain)_____
_____Child a victim of abuse or violence (explain)_____
_____Other:_____

What is the approximate number of hours of sleep the child gets per weeknight, on average?_____
Specific sleeping problems?_____

DEVELOPMENTAL HISTORY:

Birth history:

Age of mother when pregnant_____ Child was: ___full term

Did mother receive prenatal care Yes No _____uncomplicated labor

Complications during pregnancy_____ _____difficult delivery

Premature by _____weeks _____breech position

Child's birth weight_____ _____forceps used

Birth Injury or complications at birth_____ _____Cesarean section

Developmental History: Give the approximate age when your child:

First began to crawl_____ Was toilet trained during the day_____

First walked independently_____ Was toilet trained during the night_____

Began using single words_____ Could feed self independently_____

Began using understandable phrases_____ Put on/took off clothing by self_____

Was your child difficult to care for in infancy? (explain)_____

Was feeding/eating a problem?(explain)_____

Was coordination a problem?(explain)_____

When were you first concerned there could be a problem?_____

Other concerns about your child's development?_____

MEDICAL AND MENTAL HEALTH HISTORY:

Has the child ever had problems with or needed:

_____Glasses/had vision difficulties _____Asthma

_____Hearing difficulties/hearing devices _____Seizures (explain)_____

_____Chronic ear infections _____Allergies (explain)_____

_____Ear tubes _____Orthopedic braces (explain)_____

Specific Medical Diagnoses:

_____Cerebral Palsy _____Brain Injury (explain)_____

_____Down's Syndrome _____Hospitalizations (explain)_____

_____Autism _____Other (explain)_____

List all medications the child takes:

Medication	**Purpose**	**Dosage**	**Times per day**	**How long on medication?**

List physicians/clinics involved with child:

Physician/Clinic	**Address**	**Area of Specialty**

Has the child received counseling or had a psychological evaluation at a hospital, mental health center?

Name of counselor/psych	**Clinic/facility**	**Date(s)**	**Reason for treatment/evaluation**

List names of programs and people that have worked with or are currently working with the child (such as speech, OT, PT, etc.)

Name of Program	**Type of Service**	**Name of therapist/provider**	**Date(s)**

EDUCATIONAL HISTORY:

List schools attended, including any preschools, and dates:

Name of School	Location	Dates

Has the child ever repeated a grade? ___Yes ___No If yes, what grade(s)_____
Has the child ever been suspended/expelled/asked to leave from school/preschool?(explain)_____
_____
Has the child had problems with attendance or tardiness? (explain)_____
Briefly describe any difficulties the child is having in school_____
_____
When were these problems first noticed?_____
Has the child had an educational evaluation in the past? If so, where?_____
If evaluated, was the outcome/results?_____

BEHAVIOR:

Please list 3 things your child does well (can be related to academics, social, behavior)_____
_____

Have recent changes been noticed in the child's abilities or behavior? (explain)_____
_____

Place a check next to any educational or behavioral difficulties the child has shown in the last 6 months:

___Reading problems	___Difficulty paying attention in class	___Problems getting along with teacher
___Math problems	___Problems sitting still in class	___Difficulty with other children
___Problems with writing	___Impulsiveness	___Dislikes school
___Problems with spelling	___Inattention	___Resists going to school
___Problems with science	___Mood swings	___Resists doing homework
___Dislikes speaking in class	___Doesn't ask for help	___Doesn't respect others
___Difficulty taking notes in class	___Difficulty remembering things	___Prefers to play with younger kids
___Problems with organization	___Overly talkative in class	___Prefers to play with older kids
___Gives up easily	___Difficulty following directions	___Slow to learn
___Difficulty making friends	___Difficulty keeping friends	___Aggressiveness
___Shy or timid	___Tires easily	___Prefers to be alone
___Steals	___Lies	___Clings to others
___Blames others	___Argumentative	___Injures self
___Does not show feelings	___Tantrums	___Crying spells
___Worries excessively	___Low self-esteem	___Unusual fears
___Takes unnecessary risks	___Many physical complaints	___Easily frustrated
___Falls asleep in class	___Lacks social skills	___Difficulty transitioning

Please check each disciplinary technique commonly used when the child behaves inappropriately:

___Ignore problem behavior	___Reason with the child	___Take away activity or food
___Scold child	___Redirect interest	___Spank child
___Threaten	___Tell child to sit on a chair	___Send child to their room
___Time Out	___Don't use any technique	Other technique (explain)_____

Which disciplinary actions are most effective?_____
Which disciplinary actions are least effective?_____
Which caregiver is usually responsible for administering discipline?_____
Please describe the child's relationship with siblings and/or friends_____
_____