

Social – Developmental History

Identifying Information

Full Name of Child _____ Birthdate _____ Age__ Gender ____
 Address _____ Phone _____
 School _____ Grade _____

This form completed by _____ Relationship to child _____
 Today's Date _____

Information on Father		Information on Mother	
Natural__ Step__ Adopted__ Foster__		Natural__ Step__ Adopted__ Foster__	
Occupation:		Occupation:	
Highest Education Level Completed:		Highest Education Level Completed:	
Residing in home with child?		Residing in home with child?	
If not, where?		If not, where?	
Marital status		Marital status	
Place of Employment & work phone		Place of Employment & work phone	

Please list all children living and deceased:

Name	School/Grade	Location (if not at home)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give the name and relationship of anyone else living in the home: _____

Comments:

Developmental History

1. Were there any complications during pregnancy or delivery? No _____ Yes _____

Describe:

2. Were there early infancy feeding problems? No _____ Yes _____

Describe:

3. Was the child colicky? No _____ Yes _____

How long?

4. Were there early infancy sleep pattern difficulties? No _____ Yes _____

Describe?

5. Were there problems with the infant's responsiveness (alertness)? No _____ Yes _____

Describe?

6. Did the child experience any health problems during infancy? No _____ Yes _____

Describe?

7. Describe your child's early personality and parent(s) relationship with child during this period (Birth to age 5) _____

8. When the child was an infant, how easy a baby was (s)he?

Very Easy _____ Easy _____ Average _____ Difficult _____ Very Difficult _____

9. When (s)he wanted something, how demanding was (s)he? Very demanding _____

Pretty demanding _____ Average _____ Not very demanding _____ Not at all demanding _____

10. How would you rate the activity level of the child as an infant / toddler?

Very active _____ Active _____ Average _____ Less active _____ Not active _____

11. Identify any early childhood difficulties (for example, wetting, soiling, temper tantrums, eating or sleeping problems, etc.) Please give ages. _____

12. Was there anything unusual about the child's development? _____

13. Has your child experienced any unusual behavioral or personality changes? _____

Comments:

School History

1. At what age did your child first attend school? (Include nursery school) _____

2. What was his/her reaction to starting school? _____

3. Please summarize the child's academic and social) progress within each of these grade levels:

Preschool	
Kindergarten	
Grades 1 through 3	
Grades 4 through 6	
Grades 7 through 12	

4. What do you feel your child's reaction to school is now? _____

5. What was your child's relationship to his / her teachers? _____

6. What schools did your child attend (including nursery school)? _____

7. List your child's reactions to changing schools. _____

8. List specific successes your child has had in school (for example: grades, attendance, learning, behavior, etc.). _____

9. Has your child ever been in any specific educational program, and if so, how long?

Learning disabilities class _____ Speech & language therapy _____

School counseling _____ Other (please specify) _____

Behavioral/Emotional Disorders class _____

Resource room _____

10. Has the child ever been:

Suspended from school? Yes ___ No ___ Number of Suspensions? ___ Expulsions? ___

Retained in a grade? Yes ___ No ___ Which grade(s)? ___ Number of retentions? ___

11. List any special problems you feel your child may be having in school (for example, grades, attendance, learning, behavior, etc.). _____

What do you feel is the cause? _____

How long has this been evident? _____

What do you feel will help your child? _____

Academic Strengths: _____

Current Social and Emotional Behaviors

1. What do you think is your child's strongest learning channel (eyes, ears, experience, other)?

2. How would you describe your child at present? _____

3. List your child's skills and strengths. _____

4. What are your child's weaknesses? _____

5. List specific interests, hobbies, or activities of your child (include church groups, scouting, sports, art, music, etc.). _____

6. How does your child relate to peers at home and in the neighborhood? _____

7. How does your child relate to peers at school? _____

8. Does (s)he prefer child his / her own age (Yes or No) _____, own sex _____, older peers _____, younger peers _____, prefers to be alone _____, functions well in group situations _____?

9. How easily does the child make friends?

Easier than average _____ Average _____ Worse than average _____ Don't know _____

10. On the average, how long does your child keep friendships? (please check one)

Less than 6 months _____ 6 months to 1 year _____ More than 1 year _____ Don't know _____

11. How would you describe your child's self-image? _____

12. Are any of the following considered to be a significant problem at the present time? Please check:

Fidgets _____	Difficulty sustaining attention _____
Difficulty remaining seated _____	Shifts from one activity to another _____
Easily distracted _____	Difficulty playing quietly _____
Difficulty awaiting turn _____	Often talks excessively _____
Often blurts out answers before questions have been completed _____	Often interrupts or intrudes on others _____
Difficulty following instructions _____	Often engages in physically dangerous activities _____

When did these problems begin? (Specify age): _____

13. Are any of the following considered to be a significant problem at the present time? Please check:

Often loses temper _____	Is often touchy or easily annoyed _____
Often argues with adults _____	Is often angry or resentful _____
Often actively defies or refuses adult requests or rules _____	Is often spiteful or vindictive _____
Difficulty following instructions _____	Often swears or uses obscene language _____
	Often blames others for own mistakes _____

When did these problems begin? (Specify age): _____

Comments: _____

Family Relationships

1. How does your child get along with family members? _____

2. How does the child get along with his / her brothers / sisters? _____

3. Name persons outside the home who are of special importance to your child and family. Where do they reside? _____

4. Has your child experienced any significant trauma (for example, separations of any kind, serious injuries, death, family crisis, divorce, abuse or neglect, etc)? Please specify dates. _____

5. Have any of the following stressful events occurred within the past 12 months?

Parents divorced or separated _____ Family financial problems _____

Family accident or illness _____ Physical / sexual abuse _____

Death in family _____ Other (please explain) _____

Family moved _____

6. What activities does your family do together? _____

7. How do you discipline your child? Is it effective? _____

Who disciplines? _____

Are there any conflicts over the discipline? Please specify. _____

8. How does your child react to discipline? _____

9. Please check if any of the following apply to the child or other family members:

	Child	Mother	Father	Brother	Sister	Other
Problems with aggressiveness, defiance & oppositional behavior as a child						
Problems with attention, activity & impulse control as a child						
Learning disabilities						
Failed to graduate from high school						
Mental retardation						
Depression greater than 2 weeks						
Tics or Tourette's						
Alcohol Abuse						
Substance Abuse						
Antisocial behavior (assault, threats, etc)						
Psychosis or schizophrenia						

Comments: