

SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT
DEVELOPMENTAL-SOCIAL HISTORY

The availability of relevant, ample historical data related to the prior and current functioning of your child is quite important in shaping decisions. Please answer all relevant questions fully. Your thoroughness will make this instrument a reliable, significant document. As this questionnaire contains personally identifiable information, this material will be treated in such a way that ensures confidentiality.

CLERICAL INFORMATION

Child's Name _____ Date of Birth _____
Address _____ School _____
Telephone: Home _____ Grade _____
Business _____ Today's Date _____

FAMILY CONSTELLATION

NAME	DATE OF BIRTH/AGE	OCCUPATION (SIBLINGS-SCHOOLS)
Father _____		
Mother _____		
Siblings _____		
Others _____		
Reason for referral/present educational concerns: _____		

DEVELOPMENTAL HISTORY

Name, address of hospital where child was born: _____

Birth weight, length: _____
Please comment on any complications in terms of pregnancy, labor, or delivery: _____

Please comment on any special-care situations or concerns post-birth: _____

Developmental milestones—indicate ages at which the following occurred:

crawled at age _____ walked at age _____

talking in single words at age _____

talking in 2-3 word sentences began at age _____

was completely toilet-trained by age _____

Has your child exhibited any of the following to an **excessive** degree?

fears (eg.strangers) _____ poor eating habits _____

nightmares _____ irregular sleep pattern _____

bed wetting _____ frustration _____

temper tantrums _____ mood changes _____

withdrawn/crying _____ resisting discipline _____

difficulty in self-expression _____ extremely active, impulsive _____

If you have checked any of the above, please describe in greater detail, including ages when occurred: _____

Please describe your child's early personality: _____

MEDICAL HISTORY

Name, address of Pediatrician: _____

If your child is on medication, please describe: _____

Please describe any hospitalizations, including location, reason for, and results: _____

Please comment, in detail, if any of the following medical concerns apply, including age and severity:

Fevers _____	Balance _____
Seizures _____	Coordination _____
Headaches _____	Ability to concentrate _____
Loss of consciousness _____	Dietary concerns _____
Chronic ear infections _____	Weight gain/loss _____
Fatigue _____	Vomiting _____
Accidents _____	Sensitivity to light _____
Hearing loss _____	Sensitivity to sound _____
Dental difficulty _____	Memory _____
Vision problems _____	Speech distortion _____
Other illnesses or concerns _____	

SCHOOL HISTORY

Nursery School attended: _____

Age at entrance to Nursery School: _____

How long attended: _____

List schools attended, including grades completed at each school: _____

List any educational evaluations privately performed:

Testing dates Evaluator Type of evaluation done

Does the school have a copy of any of the above evaluations? If not, would you be willing to share this information? Yes_____ No_____

What would you consider the educational strengths and special needs of your child? Please provide a chronological account of any difficulties your child has experienced in school, and reasons for, if possible:

Do you feel any of the following may somehow be affecting your child's education? If so, please describe in detail:

excessive absence_____

poor health_____

frequent change of schools_____

relationship with teachers_____

relationship with classmates_____

other factors_____

FAMILY HISTORY

Have any members of the immediate family or relatives (uncles, aunts, cousins) experienced developmental, learning difficulty, or other handicaps?

Please describe your child's personality and usual interaction with each of the following:

Parents/Guardians _____

Brothers/sisters _____

Friends _____

Classmates _____

Other adults _____

Please describe any family factors that may relate to your child's adjustment, such as: change of residence, parent illness or loss, working hours, divorce, marital problems, conflicts in how to discipline, etc. Please explain: _____

What are your child's leisure time activities? (Sports, hobbies, interests)

The primary language in the home is: _____

This language is spoken _____% of the time.

Please comment on your child's social development or behavior. Describe your child's ability to express his/her self. What is your child's self-image like? _____

Completed by: _____

Title: _____

Date: _____
