

**SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT
SPECIAL EDUCATION OFFICE**

UPDATED SOCIAL HISTORY

(PLEASE PRINT)

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

STUDENT NAME: _____

TODAY'S DATE: _____

SCHOOL: _____ **GRADE:** _____

This Three Year Reevaluation will help the members of the Committee on Special Education in understanding your child's continuing needs as well as developing strengths. Please know that we are asking for information as required by the State Education Department. Any questions? Please call the school nurse.

PLEASE RETURN THIS FORM TO: ***SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT
SPECIAL EDUCATION OFFICE
160 Van Wyck Road
Blauvelt, New York 10913***

PLEASE COMMENT ON THE FOLLOWING ITEMS:

1. What do you see as your child's current areas of strengths and weaknesses? Where has most academic growth taken place?

2. Please comment on your child's emotional maturity, growth, and self-image as it relates to teachers, classmates, community friends, and you as parents.

PLEASE TURN PAGE OVER TO ANSWER QUESTION 3

THANK YOU FOR YOUR THOROUGHNESS.....

3. Within the last 3 years, has your family undergone change by:

- | | | |
|-------------------------------|---------|--------|
| A. Births in immediate family | () Yes | () No |
| B. Death or serious illness | () Yes | () No |
| C. Change in marital status | () Yes | () No |

If there are other issues that may have an impact on your child that you want to alert us to, please use the rest of this page to do so.

Parent/Guardian Signature _____