SUMNER COUNTY EDUCATIONAL SERVICES INTERLOCAL, DISTRICT 619

SOCIAL HISTORY

_______________ Date of Completion

Please complete information listed below:

Child's Name _______________ (First) _______________ (Middle) _______________ (Last)

Birth date_______________ Age _________ Social Security Number_______________

Home Address _______________ (Street) _______________ (City) _______________ (Zip) Phone _______________

School_______________ Teacher _______________Grade _______________

Reason for Referral (from your viewpoint) _______________

____

FAMILY AND HOUSEHOLD MEMBERS:

	Name	Employment	Phone
Natural Mother			
Natural Father			
Stepmother			
Stepfather			
Grandparents			
Other (Specify)			

Brothers/Sisters (Please list names and ages) _______________

____

INTERESTS AND ACCOMPLISHMENTS:

What are your child's main hobbies and interests?_______________

____

What are your child's areas of greatest accomplishment?_______________

____

What does your child enjoy doing most?_______________

____

What does your child dislike doing most?_______________

____

What are your child's strengths?_______________

____

PREVIOUS SCHOOLS ATTENDED:

Name	Address	Grade	From	To

Child's age when starting kindergarten_______________

Has child failed or repeated a grade? No__________ Yes __________ What grade? __________

COMPREHENSION AND UNDERSTANDING

Does your child appear to understand directions and situations as well as other children his/her age? Yes ____ No___

If no, why not?_______________

How would you rate your child's overall level of intelligence compared to other children?

Below Average __________ Average __________ Above Average __________

SCHOOL

Rate your child's school experiences in relationship to academic learning:

	Good	Average	Poor
Preschool	☐	☐	☐
Kindergarten	☐	☐	☐
Current Grade	☐	☐	☐

To the best of your knowledge, at what grade level is your child functioning:

Reading__________ Spelling__________ Math __________

Kinds of special therapy or remedial work you child is currently receiving_______________

____

Describe briefly any academic school problems_______________

____

Rate your child's school experience in relationship to behavior:

	Good	Average	Poor
Preschool	☐	☐	☐
Kindergarten	☐	☐	☐
Current Grade	☐	☐	☐

Does you child's teacher describe any of the following as significant classroom problems?

Unable to sit still in his/her seat	(Yes)________	(No) ________
Frequently walks around classroom	(Yes)________	(No) ________
Talks without waiting to be called upon	(Yes)________	(No) ________
Does not wait his/her turn	(Yes)________	(No) ________
Unable to pay attention during storytelling	(Yes)________	(No) ________
Does not respect the rights of others	(Yes)________	(No) ________
Does not cooperate well in group activities	(Yes)________	(No) ________

When was the last contact you had with your child's teacher?

Please list the teacher's concern(s)________________________________

How many contacts (phone or mail) have you had with the teacher this year?________________

PEER RELATIONSHIPS

Does your child seek friendships with peers?	(Yes)________	(No) ________
Is your child sought by peers for friendship?	(Yes)________	(No) ________
Does your child play with children his/her age?	(Yes)________	(No) ________

Younger________ Older ________

Describe briefly any problems your child may have with peers:________________________________

____

____

HOME BEHAVIOR

All children exhibit, to some degree, the kinds of behavior listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his/her own age:

Hyperactivity (high activity level)	________	Poor attention span	________
Poor memory	________	Temper outbursts	________
Impulsivity (poor self control)	________	Low frustration threshold	________
Sloppy table manners	________	Interrupts frequently	________
Does not listen when spoken to	________	Heedless of danger	________
Does not learn from experiences	________	Wears out shoes frequently	________
Sudden outbursts of physical abuse to other children	________	Acts like s/he is driven by a motor	________
Excessive number of accidents	________	More active than siblings	________

DEVELOPMENTAL MEDICAL HISTORY

Did the mother have any health problems during or following the pregnancy?	Yes________	No ________
Alcohol consumption during pregnancy?	Yes ________	No ________

Describe if beyond occasional drink____

____

____

PREGNANCY AND BIRTH (Briefly describe those applicable):

Threatened miscarriage__________

Anemia__________ Toxemia__________

Bleeding__________

Injuries__________

Blood Incompatibility (such as Rh factor)__________

Number of this pregnancy__________

Mother's age at delivery__________

Length of pregnancy__________ Baby's birth weight__________

Normal or cesarean delivery__________

Was delivery difficult? Yes______ No______ If so how?__________

How many hours of labor?__________ Was labor induced? Yes______ No ______

Was delivery unusual in any way?__________

Further explanations on above questions:__________

____

____

____

INFANT AT BIRTH (briefly explain those applicable):

Jaundice __________ Blue Baby __________

Cord around neck__________ Oxygen used__________

Other (specify)__________

____

____

DEVELOPMENTAL MILESTONES

If you can remember, record the age at which your child reached the following developmental milestones. If you cannot recall the age, record to the best of your knowledge approximate time.

	Early	Normal	Late
Sat without support	______	______	______
Crawled	______	______	______
Stood without support	______	______	______
Walked without support	______	______	______
First words	______	______	______
Short phrases	______	______	______
Talked in sentences	______	______	______
Bowel trained day and night	______	______	______
Imitating actions such as "pat-a-cake"	______	______	______
Buttoning clothes	______	______	______

Does your child frequently cry, seem upset or afraid? Yes ______ No ______

MEDICAL HISTORY

Has your child or a close relative had any of the following:

Allergies	______	Diabetes	______
Anemia	______	Asthma	______
Seizure/Convulsions	______	Heart Problems	______
Bedwetting	______	Sleep problems	______
Eye problems	______	Alcoholism	______
Cancer	______	High Blood Pressure	______
Kidney Disease	______	Drug problems	______
Liver Disease	______	Mental Retardation	______
Ear problems	______	Head Injuries	______
Birth defects	______		

Describe in detail the areas that you checked:____

____

____

____

List any hospitalizations, serious illnesses or accidents your child has had:____________________

____

List any medications your child is currently taking____

____

INFANCY AND TODDLER PERIOD

Were any of the following present to a significant degree during the first few years of your child's life? If so, describe

Colic ____________ Excessive restlessness ____________

Was not calmed by being held and/or stroked____

Did not enjoy cuddling____

Diminished sleep because of restlessness and/or light sleeper______________________________

Constantly into everything____

Excessive number of accidents compared to other children________________________________

____

COORDINATION

Rate your child on the following skills	Good	Average	Poor
Walking	______	______	______
Running	______	______	______
Writing	______	______	______
Throwing	______	______	______
Catching	______	______	______
Buttoning	______	______	______
Athletic Ability	______	______	______

COMMUNITY BEHAVIOR

How does your child act in other community settings besides school or home?____________________

Has your child ever been in trouble with the law? If so, please describe:____________________

Do you think your child has age-appropriate skills? __________ Please explain:________________

LIST NAMES AND ADDRESSES OF ANY OTHER PROFESSIONALS CONSULTED

1. Family Doctor____________________
2. ____________________
3. ____________________

ADDITIONAL REMARKS

Please use the rest of this page to write any additional comments you wish to make regarding your child's difficulties.

____
Signature of person completing this form

____
Relationship to child