SOCIAL AND DEVELOPMENTAL HISTORY

Current School: Grade: Date of Birth:/	Student's Name:		-	(Gender: □M	$\Box F$
Address:	Current School:		Grade:	Date of	Birth:/	/
Telephone: Home: (Parent's Names:					
Telephone: Home: Cell:	Address:		Email:			
Legal Guardian Status (check at least one)						
□ Biological Parents □ Adoptive Parents □ Family/Children Services □ Biological Mother □ Adoptive Mother □ Court (Specify) □ Biological Father □ Adoptive Father □ Other (Specify) □ Marital Status of Parents (check one) □ Married □ Single □ Married, living apart □ Divorced (check custody status) □ Divorced (check custody status) □ Joint Custody □ Sole Custody (Mother or Father- circle one) Does child have visitation with non-custodial parent? □ Yes □ No List the names and ages of all people currently living at your child's residence: Name Relationship to Child Age and Primary □ Education Level Language □ □ □ □ □ □ □ □ What is your child's primary language? □ □ □ □ Are there other languages spoken in the home? □ YES □ NO If so, what language(s)? □ □ □ Strengths: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Telephone: Home: (_)	Cell: ()			_
Biological Mother	Legal Guardian Status (check at least one)				
Biological FatherAdoptive Father Other (Specify)	☐ Biological Parents	☐ Adoptive Parents ☐ Far	mily/Children Servi	ices		
Marital Status of Parents (check one) □ Married □ Single □ Married, living apart □ Divorced (check custody status) □ Joint Custody □ Sole Custody (Mother or Father- circle one) Does child have visitation with non-custodial parent? □ Yes □ No List the names and ages of all people currently living at your child's residence: Name Relationship to Child Age and Primary Education Level Language □ □ □ What is your child's primary language? □ Are there other languages spoken in the home? □ YES □ NO If so, what language(s)? □ GENERAL INFORMATION Briefly describe your child's strengths: □	Biological Mother	Adoptive Mother	Court (Specify)		_	
□ Married □ Single □ Married, living apart □ Divorced (check custody status) □ Joint Custody □ Sole Custody (Mother or Father- circle one) Does child have visitation with non-custodial parent? □ Yes □ No List the names and ages of all people currently living at your child's residence: Name Relationship to Child Age and Primary Education Level Language □ What is your child's primary language? □ Are there other languages spoken in the home? □ YES □ NO If so, what language(s)? □ GENERAL INFORMATION Briefly describe your child's strengths: □	Biological Father	Adoptive Father	Other (Specify)		_	
□ Divorced (check custody status) □ Joint Custody □ Sole Custody (Mother or Father- circle one) Does child have visitation with non-custodial parent? □ Yes □ No List the names and ages of all people currently living at your child's residence: Name Relationship to Child Age and Primary Education Level Language □ □ □ □ □ □ What is your child's primary language? □ □ □ □ □ Are there other languages spoken in the home? □ YES □ NO If so, what language(s)? □ □ □ □ □ GENERAL INFORMATION Briefly describe your child's strengths: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Marital Status of Parent	s (check one)				
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Name Relationship to Child Age and Primary Education Level Language What is your child's primary language? Are there other languages spoken in the home? YES NO If so, what language(s)? GENERAL INFORMATION Briefly describe your child's strengths:	List the names and ages o	f all people currently living a	t vour child's reside	ence:		
What is your child's primary language? Are there other languages spoken in the home? □ YES □ NO If so, what language(s)? GENERAL INFORMATION Briefly describe your child's strengths:	Name	1 1	•		Primary	
Are there other languages spoken in the home? If so, what language(s)? GENERAL INFORMATION Briefly describe your child's strengths:		•	Education	ı Level	Language	
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If so, what language(s)?	What is your child's prima	ary language?				
GENERAL INFORMATION Briefly describe your child's strengths:	Are there other languages	spoken in the home? \Box YE	S □ NO			
Briefly describe your child's strengths:	If so, what language(s)? _					
Briefly describe your child's strengths:						
	GENERAL INFORMAT	<u> TION</u>				
In your opinion, why is your child being referred for evaluation?	Briefly describe your child	d's strengths:				
In your opinion, why is your child being referred for evaluation?						
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	In your opinion, why is yo	our child being referred for ev	valuation?			

MEDICAL HISTORY

Pregnancy:

Please describe any complications, a	medications taken, or other concerns experienced during pregnand				
(e.g., high blood pressure, toxemia,	gestational diabetes, etc.)				
Birth/ Delivery:					
Was the child full term? \square Yes \square	No Duration of Pregnancy:				
Cesarean Section? ☐ Yes ☐ No	Birth Weight:				
Please describe any complications with the birth/delivery or after delivery:					
Current Medical Status:					
Has the child had any serious injurie	es, illnesses, hospitalizations, surgeries, or traumatic events?				
Event	Child's age at the time?				
furrent Medical Diagnosis (if any)	Physician's Name Date				
Current Medications					
Medication Dosag	ge Prescribing Physician/Date Prescribed				
ision and Hearing:					
Date of last vision exam:	Results:				
Vision problems: \square YES \square NO	Glasses? \square YES \square NO Contacts? \square YES \square NO				
Date of last hearing exam:	Results:				
Hearing problems? \square YES \square NO	Age Detected:				
Hearing aids? ☐ YES ☐ NO	Cochlear Implant? ☐ YES ☐ NO Date:				
Tubes in Ears? ☐ YES ☐ NO	Date:				

Mental Health:

Has the child ever been to a counselor, therapist, psychologist or psychiatrist?

Outside Evaluation	as:	
Has your child bee	en evaluated outside of the public-school envir	ronment? ☐ YES ☐ NO
If yes, by whom?		
***Please attach a	copy of the evaluation report.	
Family History:		
•	nily history (biological parents, siblings, grand Check all that apply:	lparents, aunts, uncles, cousins) of an
☐ Learning diffic	ulties (reading, spelling, writing, math, organi	zation)
☐ Speech or Lang	guage difficulties (articulation, stuttering, troul	ble recalling words, etc.)
☐ Emotional diffi	culties (depression, anxiety, mood swings, psy	ychosis, etc.)
☐ Cognitive diffic	culties (may have been referred to as mental re	etardation or mental handicap)
☐ Genetic medica	al conditions	
☐ Abuse or dome	stic violence (this includes any abuse or violence)	nce the child has experienced as well
as any the child ha	as witnessed or is aware of within the home/far	mily)
•		
☐ Substance abus	e (drug or alcohol)	•
☐ Substance abus ase describe:	e (drug or alcohol)	
	e (drug or alcohol)	
nse describe: VELOPMENTAL INF	ORMATION:	
nse describe: VELOPMENTAL INF Age	ORMATION:	Age
velopmental inf Age alone:	CORMATION: Age Spoke 1 st word:	Age Toilet Trained:
VELOPMENTAL INF Age alone:	Spoke 1st word: Put several words together:	Age Toilet Trained: Dry at night:
VELOPMENTAL INF Age alone: wled:	Spoke 1st word: Put several words together: Spoke in complete sentences:	Age Toilet Trained: Dry at night:
VELOPMENTAL INF Age alone:	Spoke 1st word: Put several words together: Spoke in complete sentences:	Age Toilet Trained: Dry at night:

Are there conditions at home that may be influencing your child's development and/or behavior (e.g. family
illness, marital issues, etc.)? \square YES \square NO
If yes, please explain:
ADAPTIVE BEHAVIOR:
Does your child have any difficulty or delay in the following areas?
Please check all that apply and describe on the space provided.
Communication Skills:
☐ Making or producing speech sounds
☐ Understanding language
☐ Using language to communicate
☐ Understanding social communications
☐ Reading/understanding body language and nonverbal communication
Oral Motor Skills:
☐ Chewing solid food
☐ Drinking from a cup
☐ Drinking through a straw
☐ Excessive drooling
☐ Swallowing problems
☐ Sensitivity to different textures of food/ drink
☐ Sensitivity to different temperatures of food/drink
Motor Skills:
□ Walking
□ Running
\square Jumping
☐ Climbing stairs
☐ Walking on uneven surfaces
□ Balance
☐ Manipulating small objects with hands
☐ Using silverware or writing utensils
☐ Tying shoes, using zippers, buttons, etc

Independent Living Skills:

☐ Feeding self
□ Dressing self
☐ Personal hygiene
□ Toileting
□ Bathing self
☐ Performing assigned chores
Responses to Sensory Experiences:
Does your child display any unusual or atypical behaviors, responses, or sensitivities in any of the following
areas? This may appear as though the child is experiencing a sensation or feeling to a degree that doesn't match
the event- or behaves in a way that seems "over the top" given the context of the situation.
□ Taste
□ Smell
☐ Movement (e.g walking or moving in a clumsy manner)
☐ Tactile (touch/texture) (agitated or stimulated by certain fabrics or surfaces)
□ Visual
☐ Auditory/ filtering (e.g may be overwhelmed by sounds and cover their ears, or may need to have music or
background sound on at all times)
☐ Activity level/weakness (e.g a child who seems overly active or severely tired and weak in a manner that
does not fit their age, recent activity level or recent amount of sleep)
☐ Other (please describe)
Patterns of Emotional Adjustment:
Do you consider any of the following to be a problem for child at this time?
Please check all that apply:
Activity/Attention:
☐ Fidgets, is easily distracted, has a hard time staying seated, has a hard time waiting for his/her turn
☐ Talks excessively, interrupts often, doesn't listen
☐ Often loses things, very disorganized compared to others of his/ her age
☐ Poor concentration ☐ Difficulty following instructions
☐ Difficulty initiating or completing tasks (circle one or both)
Emotional:
\square Often depressed, irritable mood \square Low energy, fatigue \square Shy
☐ Excessive separation difficulties ☐ Easily frustrated ☐ Overly anxious or fearful

\square Feeling of worthlessness/low self-esteem \square W		□ Wit	hdrawn	\Box Cries easily			
☐ Sleeping too little		☐ Sleeping too much		☐ Excessive need for reassurance			
☐ Difficulty making decisi	ons	□ Tem	nper tantrums	☐ Rapid mood chang	es		
☐ Suicidal thoughts	□Unrealistic wo	orry al	bout future events	☐ Poor appetite	\square Overeats		
Behavioral:							
☐ Engages in impulsive be	havior (acts before	think	ring)				
☐ Immature compared to p	peers		☐ Engages in physica	ally dangerous activitie	es		
☐ Often argumentative wit	h adults		☐ Often actively defi	ant to adult requests ar	nd rules		
☐ Often deliberately does	things to annoy ot	thers	☐ Aggressive toward	ggressive towards others (Peers / Adults)			
☐ Lies ☐ St	eals		☐ Substance abuse (I	Orug / Alcohol)			
☐ Explosive temper with r	minimal provocation	on					
Please explain any checked	items						
Unusual or Atypical Beha		, .	0 Dl	1			
Does your child display any	_						
☐ Preoccupation with spec				•			
	☐ Eccentric forms of behavior (sometimes referred to as quirky, odd, free-spirited; a person who exhibits						
eccentric behavior doesn't s				ig, wearing, saying, etc	.)		
☐ Lack of awareness or sensitivity to the needs or feeling of others							
☐ Facial expression or emotional responses that are not appropriate or consistent with the circumstances							
\square A need or desire to do things in a very specific way or order, or rituals that must be followed							
\square Odd mannerisms or ways of moving his/her body (examples: repetitive foot tapping, rocking, swaying- can							
be purposeful or unconsciou	us)						
☐ Self-injury							
☐ Difficulty understanding	jokes or humor						
☐ Difficulty adjusting to no	ew surroundings						
☐ Difficulty adjusting to change in plans or routine							
☐ Other							
Please explain any checked	items:						

SOCIAL SKILL INFORMATION How does your child get along with adults at home? How does your child get along with brothers and sisters or other children in the home? How does your child get along with peers? What are your child's favorite activities? What are your child's behavioral and social strengths? What are your child's behavioral and social weaknesses? **SCHOOL INFORMATION** List in order of attendance the schools your child has attended (for children 7 and younger, include preschools and/or daycare center attendance) School / Preschool / Daycare Dates of Attendance **Has your child ever repeated a grade?** \square YES \square NO If yes, what grade? _____ Describe your child's strengths at school: What are your child's weaknesses at school? _____ Has your child been involved in any of the following? Please check all that apply Service **Dates/Duration** ☐ Educational services from a private entity (e.g. private tutor, Sylvan, Learning Rx, etc.) ☐ Therapy services from a private entity ☐ Juvenile Court or Probation ☐ Hospitalization ☐ First Steps

Name of person completing this form:		
Other information you believe may be relevant in	the evaluation of your child:	
Please explain items checked:		
If other, please list:		
☐ Other Early Intervention Program		_
☐ Summer School		_
☐ Jumpstart (ISTEP Remediation program)		