 **Social-Developmental History**

Please complete all items on this form, even if some do not seem to apply. All information on this form is strictly confidential and will be used only to help us in determining an appropriate educational program for your child. The evaluation cannot be completed until this form has been filled out and returned. Once completed, this form will be kept in your child's confidential folder. If you have any questions, please call the school psychologists at (859) 824-3323.

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: Grade:

Home Address: Zip: Home Telephone:

Father's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best number(s) to reach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best number(s) to reach:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student lives with (Check all that apply.): □ Mother  □ Father  □ Stepmother  □ Stepfather  □ Foster Parent

□ Grandparent □ Other(Specify.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child does not live with both parents, how often does the child see the parent with whom he or she does not reside?

Other people living in the home:

Name Age Male/Female Relationship to Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is the primary language/ mode of communication spoken by parents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School History**

Before beginning kindergarten, did your child attend:  □ Preschool  □ Daycare  □ Headstart

If your child attended schools other than Grant County Schools, please list the schools and dates attended. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child repeated a grade? □ No  □ Yes (If yes, please indicate grade.)

Is your child frequently absent or tardy from school? □ No □ Yes (If yes, what is the most frequent reason?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **check** which describes your child's feelings about school:

□ Likes school □ Eager □ Motivated □ Fearful □Anxious/Nervous □ Dislikes school

How much time does your child spend on homework? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have concerns about your child's school progress (e.g., academic, social, behavioral)? □ No □ Yes (Please describe.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child been previously evaluated either through school or an outside agency? □ No □ Yes (If yes, by whom and when?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child previously received and/or is currently receiving any of the following?

**( Mark “C” if currently receiving “P” if previously received.)**

\_\_\_\_ Early intervention services (e.g., First Steps) \_\_\_\_ Speech therapy \_\_\_\_ Occupational therapy (OT)

\_\_\_\_ Physical therapy (PT) \_\_\_\_ Counseling \_\_\_\_ Other

**Early Development**

Is the student your? □ Biological Child □ Adopted Child (see below)  □ Foster Child (see below)

How old was your child when adopted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has your foster child been in your care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

Pregnancy: □ Normal □ Falls □ Excessive Bleeding □ Blackouts □Toxemia □Emotional Stress

□Lack of Prenatal Care □ Alcohol/Drug Use □Prescription Drugs □ Tobacco Use □ Gestational Diabetes

□Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery: □ Normal □ Induced □ Cesarean □ Breech □ Unusually long labor □ Lack of oxygen □ Overdue

□Premature (How many weeks?) \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition of Infant at Birth**:** □ Normal □ Low birth weight □ Delivered with cord around neck □ Cyanosis (turned blue)

□ Jaundice  □ Needed oxygen □Birth defect / Injury (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **circle** when your child reached these developmental milestones\*:

Walking: Early (7–12 mos.) Average (12–18 mos.) Late (over 18 mos.) Don’t Know

Speaking two- to three-word sentences: Early (9–17 mos.) Average (18–24 mos.) Late (over 2 yrs.) Don’t Know

Speaking five- to six-word sentences: Early (14–23 mos.) Average (24-30 mos.) Late (over 2.5 yrs.) Don’t Know

Toileting: Early (1–2 yrs.) Average (2–3 yrs.) Late (over 3 yrs.) Don’t Know

\*Age range information from Centers for Disease Control and Prevention [CDC]

**Health and Wellness**

Your child’s overall health is:  □ Excellent □ Good   □ Fair   □ Poor

When was your child’s last checkup? Any significant findings?  □ No  □ Yes (If yes, please explain.)

At any time has your child been diagnosed with the following?

**( Mark “C” if current problem, “P” if previous, but not ongoing.)**

\_\_\_\_ Asthma \_\_\_\_ Anxiety \_\_\_\_ Allergies (Specify):

\_\_\_\_ Attention Deficit-Hyperactivity Disorder \_\_\_\_ Childhood diseases (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Depression/mood disorder \_\_\_\_ Drug/alcohol abuse \_\_\_\_ Diabetes

\_\_\_\_ Epilepsy/seizure disorder \_\_\_\_Febrile seizures (due to fever) \_\_\_\_ High fevers (over 103°F)

\_\_\_\_ Head injury with loss of consciousness \_\_\_\_ Lead poisoning \_\_\_\_ Physical limitations

\_\_\_\_ Speech/Language disorder

\_\_\_\_ Vision problems (Please describe.):

Have glasses or contacts been prescribed? □ No  □ Yes  Does your child wear them?

\_\_\_\_ Hearing problems (Please describe.):

Does your child wear a hearing aid? □ No  □ Yes Does your child have ear tubes? □ No  □ Yes

Does your child have any other medical diagnoses (physical or mental)? □ No  □ Yes (If yes, please explain.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any medication(s) that your child is currently prescribed and/or taking?

Medication Dosage Reason

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other medical information you feel we should consider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Home and Community**

How are your child's relationships with the following? **(Please specify *good / fair / poor.*)**

Parents \_\_\_\_\_\_ Other adults \_\_\_\_\_\_ Siblings \_\_\_\_\_\_ Peers \_\_\_\_\_\_

Does your child have friends of his/her own age? □ No (If no, are they usually □ Older □ Younger ?) □ Yes

Describe opportunities for your child’s social development (church involvement, library, team sports, clubs, cultural activities, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List some of your child’s interests, activities, and hobbies.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s regular chores/household responsibilities?

What forms of discipline and behavior management are used with your child?

□ Time-out □ Behavior chart/Rewards system

□ Spanking □ Extra chores

□ Loss of privileges □ Grounding

□Other (Describe):

How does your child usually react to discipline? □ Complies  □  Indifferent □ Complains  □ Does not comply and resists

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **check** which of the following characteristics describe your child:

* Happy
* Friendly
* Caring
* Helpful
* Responsible
* Independent
* Creative
* Sad
* Frequently Cries
* Withdrawn
* Shy
* Oversensitive
* Nervous/Anxious
* Angry
* Perfectionist
* Organized
* Disorganized
* Impulsive
* Fails to Finish Tasks
* Argumentative
* Cooperative
* Lacks Self-Confidence
* Confident
* Fearful
* Respectful
* Disrespectful
* Attentive
* Inattentive
* Overactive
* Calm
* Daydreams
* Clowns around
* Acts immature for age
* Athletic
* Lazy
* Physically aggressive
* Poor manners
* Lies
* Steals
* Destructive
* Moody
* Poor Choice of Friends

Has your child experienced any of the following stressful events? (Please check if applicable.)

□ Parents divorced or separated  □  Student changed schools  □ Parent changed or lost job

□ Custody change □ Family moved  □ Family accident or illness

□ Death of friend or family member (Specify relationship to your child.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□  Addition of a family member (Specify relationship to your child.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian completing form Date