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SOCIAL AND DEVELOPMENTAL HISTORY FORM

CONFIDENTIAL INFORMATION BELOW
DISTRIBUTION AND RELEASE OF THIS INFORMATION
IS PROHIBITED EXCEPT WITH WRITTEN PERMISSION
OF THE PARENTS OR AS PROVIDED FOR BY LAW

Directions: Below are a number of questions which will help us to best determine your student developmental history. These questions are not meant to judge you but do provide us with important information regarding the student development, please provide all information as best as you can.

Child's Name: _____ **Student's Date of Birth:** _____

Custodial Parent/Guardian's Name: _____ Relationship to the student: _____

Student's Address: _____ City: _____ Zip Code: _____ Phone: _____

Mother's Name: _____ Phone: _____ (home/cell) Text? Y/N

Email: _____ Address: _____

Work phone: _____ Can you be reached at work? Y/N

Father's Name: _____ Phone: _____ (home/cell) Text? Y/N

Email: _____ Address: _____

Work phone: _____ Can you be reached at work? Y/N

Your Concerns: Please provide a short explanation of your primary concern with regard to the following areas and your student's education.

Academic (what subjects/areas): _____

Attention (where and when?): _____

Behavioral (Specify): _____

Medical: _____

Social: _____

Your Thoughts: Please describe what you consider are the: (these don't have to be related to school or academics)

Student's strengths: _____

Student's weakness: _____

FAMILY AND ENVIRONMENTAL INFORMATION:

Please list all persons living with the student in the home and relevant information as follows:

Name	Sex	Age	Relation	Medical/Academic/Behavioral/Mental Health Issues

Is there anyone else related to the student who has had a history with Medical/Academic/Behavioral/Mental Health Issues? (Relationship and Issue):

Is the student exposed to any of the following in the home environment (circle any that apply): Tobacco Use, Nonprescription drug use, or Violence

Pregnancy and Birth:

During the Pregnancy, was the student exposed to (circle all that apply): Tobacco, Alcohol, Prescription Drugs, Non-Prescription Drugs

Did the mother have regular prenatal care: Yes or No

Were there any complications during the pregnancy? (Please describe) _____

Was the student born (circle which apply) On-time, Early, Premature (how many weeks) _____ Student's weight at Birth: _____

Were there any complications during the delivery? (Please describe) _____

Did the student have an extended stay in the hospital? (If so, why?) _____

Student's Medical History:

Current Medical Concerns: _____

Current Diagnoses: _____

Current Medications: _____

Past Medical Issues: _____

Are there any concerns with: Speech _____ Vision _____ Hearing _____ Motor Skills _____ Social Skills _____

At what age was the student first potty-trained? _____

Has the student ever been evaluated for educational or mental health service? (If so by whom?) _____

DEVELOPMENTAL MILESTONES (COMMUNICATION AND MOTOR SKILLS):

Please indicate when the student achieved the following developmental milestones:

Motor: Sat _____ Crawled _____ Walked _____ Runs _____ Jumped _____

Speech: Smiled at Someone _____ First Word _____ First 2 Word Sentence _____ First 3+ Words Sentence _____

SCHOOL HISTORY AND PERFORMANCE:

Did the student attend pre-school? Y/N Where? _____ How long? _____

Did the student participate in First Steps or a Developmental Preschool? _____

Has the student ever been home schooled? _____

Has the student ever been retained? If so, when? _____

Please list any schools the student has attended and any concerns teachers may have had: _____

How does the student feel about school? _____

How does the student relate to their current teacher? _____

What subject is the student strongest in? _____

What subject does the student struggle most in? _____

SOCIAL INTERACTIONS:

Does the student easily make friends? _____

Does the student make friends his/her own age? _____

How is the student's relationship with his/her siblings or cousins? _____

Does the student play with other children? _____

How is the student's relationship with his/her Parents/Caregiver? _____

Does the student get along with other adults? _____

What are the student's favorite activities or games? _____

EMOTIONAL ADJUSTMENT: (Please provide details and explain for any of the following that your child has problems with.)

Does the student have difficulty sitting still (and when)? _____

Does the student have difficulty focusing (and when)? _____

Does the student have any behavioral problems at home? _____

Does the student handle setbacks well? _____

Does the student handle feedback well? _____

Is the student unusually happy or sad? _____

Have there been any significant/traumatic events in the student's life? (Death in the family, Divorce, Serious Illness, ect.) _____

Does the student receive counseling in any form and from whom? _____

UNUSUAL BEHAVIORS:

Does the student have any odd or unusual behaviors or habits? _____

Does the student have any odd or unusual behaviors when reading? _____

Does the student have any odd or unusual behaviors when doing math? _____

Does the student have any odd or unusual behaviors when writing? _____

SENSORY RESPONSE:

Does the student have any sensitivities to light, sound, touch, smell, or tastes? _____

Does the student have any preferences to a specific type of light, sound, touch, smell, or taste? _____

How is the student's hand eye coordination (ie. Playing catch)? _____

SIGNATURE OF PARENT OR PERSON COMPLETING SOCIAL & DEVELOPMENTAL HISTORY FORM

Signature: _____ Relationship to child _____ Date: _____