

Wakulla County School Board
SOCIAL/DEVELOPMENTAL HISTORY INTERVIEW

(This interview is to be conducted in person with Parent/Guardian or through phone contact only)

Respondent's name _____ Interviewer name _____

Identifying Information

Compiled on _____

Student's Name: _____ Student No.: _____ Date of Birth _____

Student's Race: _____ Sex: Male Female Current Age: _____

Student's Home Address: _____

Home Telephone Number: _____ Emergency Phone Number: _____

Father's Name: _____ Father's Age _____ Occupation: _____

Last Grade Completed in School: _____ Legal Guardian: Yes No

Mother's Name: _____ Mother's Age _____ Occupation: _____

Last Grade Completed in School: _____ Legal Guardian: Yes No

With Whom does Student Live? _____

Other Family Members:	Name	Age	Relationship
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Medical Information

Name of Physician: _____ Date of last examination: _____

Medications Student takes: _____

Description of Student's general health: _____

Pregnancy

Check one: Normal full term Premature Overdue

Describe any illness of mother during pregnancy: _____

Medications of the mother during pregnancy: Prescribed Medications: _____

Smoking (how many packs) _____

Alcohol (how much per day): _____

Non-Prescribed Medications: _____

Place of birth: _____ Baby's Birth Weight: _____

Any complications or difficulties about the birth? _____

Did the baby have any illnesses immediately after birth? _____

Developmental History

Age sat up: _____ Age walked: _____ First Word: _____

When did toilet training begin? _____ Age toilet trained: _____

Any problems with toilet training? _____

Any problems learning to walk or talk? _____

Attended nursery school? _____ if Yes, Where? _____

Attended Kindergarten? _____ if Yes, Where? _____

Behavioral Information

Does the child exhibit any problems in the following areas? If so, please describe:

Sleeping: _____

Asthma: _____

Hearing: _____

Headache: _____

Speech: _____

Nail Biting: _____

Vision: _____

Worries: _____

Timidity: _____

Eating Concerns: _____

Bedwetting: _____

Jealousy: _____

Soiling: _____

Nightmares: _____

Temper Tantrums: _____

Silent Periods: _____

High Activity Level: _____

Fainting Spells: _____

Prone to Accidents: _____

Other: _____

How is the child's relationship to the parents: Excellent Good Fair Poor

What types of discipline are the most effective with the child?

Family and Relatives

Have any of the student's relatives had any of the characteristics below?

Emotional Problems _____ Relationship _____

Academic Difficulties _____ Relationship _____

Medical Problems _____ Relationship _____

Physical Disabilities _____ Relationship _____

School History

What circumstances commonly cause conflict between you and your child:

How would you describe your child's problems?

What is your view of when and how the problem began?

Additional Comments