



## SOCIAL AND DEVELOPMENTAL HISTORY

Student's name: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

Daycare/Preschool attending: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Student living with this parent/guardian? ☐ Y ☐ No Percentage of Time: \_\_\_\_\_

If less than 100%, does this parent/guardian have: ☐ sole custody ☐ joint custody

Preferred Telephone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian #1 Home Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Student living with this parent/guardian? ☐ Yes ☐ No Percentage of Time: \_\_\_\_\_

If less than 100%, does this parent/guardian have: ☐ sole custody ☐ joint custody

Preferred Telephone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian #2 Home Address: \_\_\_\_\_

Is the student currently in foster care? ☐ Yes ☐ No

Do the parent/guardians live together? ☐ Yes ☐ No

How many siblings does the child have? \_\_\_\_\_ Of those, how many are living with the child? \_\_\_\_\_

Are there any other adults who have a significant relationship with the child? ☐ Yes ☐ No

If so, please list their name and relationship: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

What is your child's primary language? \_\_\_\_\_

Are there other languages spoken or heard in the home? ☐ Yes ☐ No

If so, what language(s): \_\_\_\_\_

How long has your child lived in the United States? \_\_\_\_\_

Has your child received any educational services (school, tutor) outside of the United States? Yes No

If so, at what age? \_\_\_\_\_

### GENERAL

What are your hopes or vision for your child?

What concerns do you have about/for your child?

MEDICAL and DEVELOPMENTAL HISTORY (related to this particular child)

Describe any complications, medications, or other concerns experienced during the pregnancy (e.g., diabetes, high blood pressure, toxemia, etc.):

At the time of birth/delivery:

Was the child full term? ☐ Yes ☐ No

Duration of pregnancy: \_\_\_\_\_

Birth weight: \_\_\_\_\_

Current weight: \_\_\_\_\_

Please describe any complications after delivery (e.g., incubator, oxygen, Bilirubin light):

List any serious illness, injury, hospitalization, surgery, or traumatic event  
(e.g., diabetes, seizures, head injury, asthma, allergies, etc.)

Child's age at the time


Current medical diagnoses (if any)

Physician's name

Date of diagnosis


**\*\* Please attach any pertinent physician report or diagnostic statement**

List all currently prescribed medications

Medication

Dosage

Prescribing physician and date prescribed


Vision problems? ☐ Yes ☐ No      Glasses? ☐ Yes ☐ No      Contacts? ☐ Yes ☐ No

Date of last vision exam \_\_\_\_\_ Results: \_\_\_\_\_

Hearing problems?      Yes      No      Age detected: \_\_\_\_\_

Tubes in ears?      Yes      No      Date: \_\_\_\_\_

Hearing aids?      Yes      No      Date: \_\_\_\_\_

Cochlear implant?      Yes      No      Date: \_\_\_\_\_

Date of last hearing exam: \_\_\_\_\_ Results: \_\_\_\_\_

Has your child been evaluated by any other person (outside agency or another school)? ☐ Yes ☐ No

    Has your child ever been evaluated by a **psychologist**? ☐ Yes ☐ No

        If so, what is the most recent date? \_\_\_\_\_

    Has your child ever been seen/evaluated by a **counselor (including Cummins)**? ☐ Yes ☐ No

        If so, what is the most recent date? \_\_\_\_\_

    Has your child ever been seen/evaluated by a **psychiatrist**? ☐ Yes ☐ No

        If so, what is the most recent date? \_\_\_\_\_

    Has your child ever been **hospitalized for behavioral reasons**? ☐ Yes ☐ No

        If so, what is the most recent date? \_\_\_\_\_

**\*\* Please attach a copy of the evaluation report.**

Do you have a family history (biological parents, siblings, grandparents, aunts, uncles) of any of the following?

- ☐ Learning difficulties (reading, spelling, writing, math, organization)
- ☐ Speech or language difficulties (articulation, stuttering, organizing/recalling words, etc.)
- ☐ Emotional difficulties (depression, anxiety, mood swings, psychosis, etc.)
- ☐ Cognitive difficulties (may have been called mental retardation or mental handicap)
- ☐ Genetic medical conditions (fragile x, down syndrome, sickle cell anemia, etc.)
- ☐ Abuse or domestic violence
- ☐ Substance abuse (drug or alcohol)

If so, please describe:

#### DEVELOPMENTAL INFORMATION

Milestone	Age	Milestone	Age	Milestone	Age
Sat Alone		Spoke first word		Toilet trained	
Crawled		Put several words together		No overnight bedwetting	
Walked alone		Spoke in complete sentence			

Describe child's temperament (e.g., sensitive, irritable, active, passive, happy, stubborn, etc.)

Are there any conditions at home that may be influencing your child’s development and/or behavior (e.g., family illness, marital issues, etc.)?    ☐ Yes    ☐ No  
If yes, please explain:

**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?

Is your child able to successfully make and keep friends?

What are your child’s favorite activities?

**SCHOOL INFORMATION**

List, in order of attendance, the schools your child has attended (for children 7 and younger, include preschools and daycare center attendance)

<b>School/Preschool/Daycare (include city/state)</b>	<b>Dates (grade level) of attendance</b>

Did your child qualify/participate in First Steps/early interventions prior to age 3?    ☐ Yes    ☐ No

Describe your child’s strengths:

What are your child’s areas of growth/challenges?

Has your child ever received educational services from a private entity (e.g., private tutor, Sylvan, Learning Rx, Lindamood Bell, etc.)      Yes      No

If marked yes, when and for what reason?

**\*\* *Please attach any relevant reports.***

Other information you believe may be relevant in the evaluation of your child:

Name of person who filled out this form: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

We sincerely appreciate the time and effort that you have put into completing this social & developmental history form. If you have any questions or concerns, please contact the school psychologist:

\_\_\_\_\_,  
Name of school psychologist

\_\_\_\_\_.  
Phone number