



## SOCIAL AND DEVELOPMENTAL HISTORY

### ADAPTIVE BEHAVIOR

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

#### **ADAPTIVE BEHAVIOR**

Does your child have any difficulty or delay in the following areas (check all that apply)? If so, please describe.

##### **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
  
- ☐ 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?

- ☐ Taste
- ☐ Smell
- ☐ Movement
- ☐ Tactile/touch/texture
- ☐ Visual
- ☐ Auditory/filtering
- ☐ Activity level/weakness
- ☐ Other (please describe)

### Patterns of Emotional Adjustment

Do you consider any of the following to be a problem for your child at this time (check all that apply)?

- |  |   |
|--|---|
| <input type="checkbox"/> Fidgets   | <input type="checkbox"/> Often depressed                              |
| <input type="checkbox"/> Easily distracted   | <input type="checkbox"/> Irritability at times                        |
| <input type="checkbox"/> Has difficulty staying seated   | <input type="checkbox"/> Low energy/fatigue                           |
| <input type="checkbox"/> Has difficulty waiting for his/her turn                                 | <input type="checkbox"/> Feelings of worthlessness or low self-esteem |
| <input type="checkbox"/> Talks excessively, interrupts often, doesn't listen                     | <input type="checkbox"/> Shy  |
| <input type="checkbox"/> Often loses things, very disorganized compared to others of his/her age | <input type="checkbox"/> Withdrawn                                    |
| <input type="checkbox"/> Poor concentration  | <input type="checkbox"/> Overly anxious or fearful                    |
| <input type="checkbox"/> Difficulty initiating tasks   | <input type="checkbox"/> Sleeping too little/insomnia                 |
| <input type="checkbox"/> Difficult completing tasks  | <input type="checkbox"/> Sleeping too much                            |
| <input type="checkbox"/> Difficulty following instructions                                       | <input type="checkbox"/> Difficulty making decisions                  |
| <input type="checkbox"/> Engages in impulsive behavior (acts before thinking)                    | <input type="checkbox"/> Cries easily                                 |
| <input type="checkbox"/> Immature compared to peers  | <input type="checkbox"/> Temper tantrums                              |
| <input type="checkbox"/> Engages in physically dangerous activities                              | <input type="checkbox"/> Rapid mood changes/mood swings               |
| <input type="checkbox"/> Often argumentative with adults   | <input type="checkbox"/> Suicidal thoughts                            |
| <input type="checkbox"/> Often actively defiant to adult requests and rules                      | <input type="checkbox"/> Aggressive toward others                     |
|  | <input type="checkbox"/> peers <input type="checkbox"/> adults        |

- |   |  |
|---|--|
| <input type="checkbox"/> Often deliberately does things to annoy others | <input type="checkbox"/> Poor appetite                             |
| <input type="checkbox"/> Blames others for own mistakes                 | <input type="checkbox"/> Overeats                                  |
| <input type="checkbox"/> Often angry or resentful                       | <input type="checkbox"/> Explosive temper with minimal provocation |
| <input type="checkbox"/> Somatic complaints of not feeling well         | <input type="checkbox"/> Odd fascinations                          |
| <input type="checkbox"/> Excessive separation difficulties              | <input type="checkbox"/> Unrealistic worry about future events     |
| <input type="checkbox"/> Easily frustrated                              | <input type="checkbox"/> Excessive need for reassurance            |
| <input type="checkbox"/> Lies   | <input type="checkbox"/> Substance abuse                           |
| <input type="checkbox"/> Steals   | <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol     |
| <input type="checkbox"/> Other  |  |

Please explain any checked items:

### Unusual or Atypical Behaviors

Does your child display any of the following behaviors (check all that apply)?

- ☐ Preoccupation with specific subjects, topics, or objects that is atypical in intensity or focus
- ☐ Eccentric forms of behavior
- ☐ Lack of awareness or sensitivity to the need or feelings of others
- ☐ Facial expression or emotional responses that are not appropriate to or consistent with the circumstances
- ☐ A need or desire to do things in a very specific way or order, or rituals that must be followed
- ☐ Mannerisms or odd ways of moving his/her body
- ☐ Self injury or physical aggression toward others
- ☐ Difficulty understanding jokes or humor
- ☐ Difficulty adjusting to new surroundings
- ☐ Difficulty adjusting to change in plans or routines
- ☐ Other

Please explain any checked items: