

**PIERCE COUNTY SCHOOLS**  
**Special Education Department**

**Social and Developmental History**

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

**Family History:**

1. Parents/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Student lives with: Mother / Father / Both Parents / Other: \_\_\_\_\_

3. Has any immediate or extended family member had any emotional, mental, or learning problems? \_\_\_\_\_ If yes, please explain (who, when, type). \_\_\_\_\_

4. Marital History (divorces, dates of remarriage, separations, problems, etc...) \_\_\_\_\_

5. Any other family problem(s) (financial, legal, etc...) \_\_\_\_\_

6. Siblings (Brothers and sisters including step and half siblings):

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship</u>	<u>School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Other adult(s) in the home and relationship \_\_\_\_\_

**School History:**

1. Attitude towards school \_\_\_\_\_

2. Best Subject \_\_\_\_\_ Worst subject \_\_\_\_\_

3. School Transfers? \_\_\_\_\_ Retention(s)? \_\_\_\_\_

4. Describe any learning problems as seen by parent(s)/guardian(s) \_\_\_\_\_

**Medical and Developmental History:**

1. Pregnancy (List any problems) \_\_\_\_\_

2. Any use of medications, tobacco, alcohol, or other substances during pregnancy? \_\_\_\_\_  
If yes, what amount and frequency? \_\_\_\_\_

3. Labor (long, short, difficult, normal)? \_\_\_\_\_

4. Term of pregnancy (full-term, etc...) \_\_\_\_\_ Birth (natural, caesarian, etc...) \_\_\_\_\_

5. Any complications with child? \_\_\_\_\_

6. Developmental milestones:

Age crawled: \_\_\_\_\_ Age talked (words) \_\_\_\_\_ Age toilet trained \_\_\_\_\_

Age walked: \_\_\_\_\_ Age talked (sentences) \_\_\_\_\_ Age stopped bed wetting \_\_\_\_\_

7. Unusual childhood diseases (high fevers, etc...) \_\_\_\_\_  
8. Medical Problem(s)? (seizures, injuries, respiratory or physical problems, ADHD, etc...) \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

9. Speech problems? \_\_\_\_\_ Hearing Problems? \_\_\_\_\_  
10. Is child presently taking medication(s)? \_\_\_\_\_ If yes, please list \_\_\_\_\_

**Social/Emotional/Behavioral Development:**

1. Is child excessively dependent? \_\_\_\_\_ If yes, describe \_\_\_\_\_

2. Is child excessively fearful? \_\_\_\_\_ If yes, explain \_\_\_\_\_

3. Is child generally happy? \_\_\_\_\_ If no, explain \_\_\_\_\_

4. Does child require excessive attention for his/her age? \_\_\_\_\_

5. Does child have adequate self-control for his/her age? \_\_\_\_\_

6. Describe any behavior problems observed within the home \_\_\_\_\_

**Adaptive Behavior Functioning:**

1. Does child have trouble with independent functioning (feeding, bathing, toileting, etc...) \_\_\_\_\_

2. Does child have motor skill deficiencies (sitting, standing, writing, using scissors, etc...) \_\_\_\_\_

3. Does child have difficulty communicating with others? \_\_\_\_\_

4. Does child have difficulty interacting socially with others? \_\_\_\_\_

5. Does child have difficulty with being self-directed? (Completes work independently, returns borrowed items, initiates activities, etc...) \_\_\_\_\_

Please provide any additional information you would like for us to know about your child:

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

Please list any concerns you have regarding your child's education: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Person Providing Information / Relationship to Student

\_\_\_\_\_  
Date