

SOCIAL-DEVELOPMENTAL HISTORY QUESTIONNAIRE

Dansville Central School

Dansville, NY 14437

This information will be treated in a confidential manner and used for the purpose of assisting us to better understand and work with your child.

Person providing Information:		Relationship to child:	
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GENERAL INFORMATION AND FAMILY DYNAMICS

Child's full name:		DOB:	
Child's teacher:		Child's grade:	

Parent/Guardian #1:		Best Contact#:	() -
Child lives with?	☐ Yes ☐ No	Gets mailings?	☐ Yes ☐ No
Parent/Guardian #2:		Best Contact#:	() -
Child lives with?	☐ Yes ☐ No	Gets mailings?	☐ Yes ☐ No
Parent/Guardian #3:		Best Contact#:	() -
Child lives with?	☐ Yes ☐ No	Gets mailings?	☐ Yes ☐ No
Parent/Guardian #4:		Best Contact#:	() -
Child lives with?	☐ Yes ☐ No	Gets mailings?	☐ Yes ☐ No

Are biological parents of child currently: ☐ married ☐ separated ☐ divorced ☐ never married

• If separated or divorced, who has legal custody? ☐ mother ☐ father ☐ other (specify): _____

• If separated or divorced, how do you feel your child has adjusted to the separation/divorce? _____

Are there other adults who have a significant part in raising your child? ☐ Yes ☐ No

If so, please indicate name & relationship (step-parent, grandparent, boy/girlfriend, etc.) _____

Have there been any significant changes in the home over the last few years? (Such as marriages, deaths, births, address changes, family separations/divorce, parent dating, parent job change, money problems, etc)

Please list all others (family or non-family) who live with the child (names, age, relationship to child):

Name	Age/Grade	Relationship to child

Language(s) spoken at home _____ Primary Language at home _____

Please list all locations (city, state) that your child has lived:

Birthplace:		Moved at age/grade	
Other residence:		Moved at age/grade	
Other residence:		Moved at age/grade	

What do you feel are your child's...

Strengths _____

Weaknesses _____

HEALTH AND DEVELOPMENT

A. Pregnancy and Birth

Is child your: ☐ biological child ☐ adopted child ☐ foster child ☐ other: _____

Mother's age at birth? _____ Did mother receive routine medical prenatal care? ☐ Yes ☐ No

Please specify any medications used during pregnancy and the reason used: _____

Pregnancy lasted _____ weeks / months Child's birth weight: _____ pounds _____ ounces

Did child go home from the hospital at the same time as the mother? ☐ Yes ☐ No

If No, explain why: _____

Please check the conditions below that describe the health of the child and mother during...

<i>Mother's Pregnancy</i>	<i>Child's Delivery</i>	<i>Child's Condition at Birth</i>
☐ No Complications ☐ Blackouts ☐ Falls ☐ Physical Injury ☐ Excessive Bleeding ☐ Hypertension ☐ Diabetes ☐ Emotional Stress ☐ Toxemia ☐ Alcohol/Drug Use ☐ Use of Tobacco	☐ Normal ☐ Induced Labor ☐ C-Section ☐ Breech birth ☐ Unusually long labor (>12 hrs) ☐ Premature # of weeks _____ ☐ Overdue # of weeks _____ ☐ Other Problem(s) (specify) _____ _____ _____	☐ Normal / No problems ☐ Lack of Oxygen ☐ Breathing Problem ☐ Birth Injury/Defect: ☐ Jaundice ☐ Newborn ICU # of days _____ ☐ Other Problem(s) (specify) _____ _____ _____ _____

B. Health

Describe your child's current health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Is your child currently taking any medication? ☐ Yes ☐ No

If yes, please list medications and uses: _____

Has your child ever been identified as having a disability? ☐ Yes ☐ No

If so, by whom, what age, & what disability? _____

Has your child ever received psychological counseling? ☐ Yes ☐ No

If "yes," by whom (professional/agency) and when: _____

<i>Has your child had any of the following?</i>	<i>Please describe - give details, dates, and/or age onset</i>
☐ Serious Illnesses	
☐ Head Injuries	
☐ Seizures or convulsions	
☐ Surgery/Hospitalization	
☐ History of Ear Infections	
☐ Allergies and/or Asthma	
☐ Vision Problems	
☐ Hearing Problems	
☐ Frequent Nightmares and/or Bedwetting	
☐ Other health problem(s)	

<i>Is there a family history for the following problems?</i>	<i>Biological family member (parent, sibling, aunt/uncle, grandparent, 1st cousin, etc)</i>
☐ Learning Difficulties (reading, math, writing, spelling)	
☐ Speech/Language problem (articulation, stuttering, etc.)	
☐ ADHD	
☐ Developmental Disorder (i.e. Autism, Aspergers, etc.)	
☐ Emotional Problems (depression, anxiety, mood swings, etc.)	
☐ Intellectual Disability	
☐ School Failure (failing grades, dropout, etc)	
☐ Drug or Alcohol Addiction	

C. Development: Please indicate the age or age range when your child performed the following milestones:

<i>Milestone:</i>	<i>0-3 mos</i>	<i>4-6 mos</i>	<i>7-12 mos</i>	<i>13-18 mos</i>	<i>19-24 mos</i>	<i>2-3 yrs</i>	<i>3-4 yrs</i>
Sat up without help							
Crawled							
Walked alone							
Walked up stairs							
Spoke first words							
Spoke short phrases							
Spoke sentences							
Fully bladder trained							
Fully bowel trained							
Stayed dry all night							

BEHAVIOR

A. Behavior in Infancy

During your child's first few years of life, were any of the following present to a significant degree?

- | | |
|---|---|
| ☐ Did not enjoy cuddling | ☐ Poor eye contact/did not turn towards caregivers |
| ☐ Was not easily calmed by being held or stroked | ☐ Did not respond to name or speech of caregivers |
| ☐ Difficult to comfort | ☐ Fascination with certain objects |
| ☐ Colicky | ☐ Constantly into everything |
| ☐ Excessive irritability | ☐ Frequent head banging |
| ☐ Diminished sleep | |
| ☐ Difficult nursing | |

* If checked any above, please describe _____

B. Child's Early Temperament: (Toddler through five years of age)

<i>Activity Level</i> – How active has your child been from an early age?
<i>Distractibility</i> – How well was your child able to maintain focus or concentration, or pay attention to tasks?
<i>Adaptability</i> - How well was your child able to deal with transition, change, or when denied his/her own way?
<i>Approach/Withdrawal</i> – How well did your child respond to new things (new places, people, food, etc.)?
<i>Intensity</i> – Whether happy/unhappy, how strong were your child's feelings exhibited? Were others made aware of when your child was upset, angry, disappointed, etc.?
<i>Mood</i> – What was your child's basic mood? Did he/she exhibit frequent or rapid changes in mood or temperament?
<i>Regularity</i> – How predictable was your child's patterns of activity level, sleep, appetite, etc.?

Prior to age six, did your child have more difficulty than other children his/her age...

- | | |
|--|--|
| ☐ Sitting still at meal time | ☐ Staying focused on TV, movies, or video games |
| ☐ Paying attention when read to | ☐ Waiting for turn at play |
| ☐ Throwing a ball | ☐ Knowing left and right |
| ☐ Catching a ball | ☐ Acting without thinking |
| ☐ Buttoning & Zipping | ☐ Dressing self |
| ☐ Holding crayon or pencil | ☐ Tying shoe laces |
| ☐ Accidentally dropping things | ☐ Accidentally knocking things over |

C. Differential Behaviors

Please check below all behaviors or characteristics that fit your child over the past year:

- | | |
|---|--|
| ☐ Destructive behavior | ☐ Appears depressed & unhappy much of the time |
| ☐ Is affectionate with family and friends | ☐ Explosive temperament |
| ☐ Responds well to authority figures | ☐ Frequently complains about aches and pains |
| ☐ Boundless energy and poor judgment | ☐ Appears to have low self-esteem |
| ☐ Withdrawn and/or sullen | ☐ Prefers to be alone (or considers self "a loner") |
| ☐ Cruelty to animals | ☐ Starts fires |
| ☐ Disorganized, loses things often | ☐ Lacks motivation |
| ☐ Shows sudden outburst of physical aggression | ☐ Steals or lies |
| ☐ Frustrated easily | ☐ Becomes upset with change |
| ☐ Shifts from one activity to another | ☐ Fearfulness |
| ☐ Has difficulty playing quietly | ☐ Frequent peer and/or family conflicts |
| ☐ Requires a lot of parent attention | ☐ Does not appear to listen to what is being said |
| ☐ Fidgets or squirms in seat | ☐ Always worrying about something |
| ☐ Appears to daydream or "zone out" often | ☐ Nervous habits (nail biting, hair twirling, etc.) |

D. Home Behavior:

How often each of the following settings a problem* for your child?

**Problems include: doesn't follow directions/rule, needs reminders, arguments/fights, whines/cries, fidgets/squirms, etc.*

- | | | | |
|---|---------------------------------|------------------------------------|-------------------------------------|
| • While getting ready for school... | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • When eating at the dinner table | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • When playing by him/herself | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • When playing with siblings / children in neighborhood... | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • When with a babysitter or at daycare... | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • In public places where needs to behave (church, store, etc) | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • When in the car... | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • When told to do something he/she doesn't want to do | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • During sit-down homework time... | ☐ Rarely | ☐ Sometimes | ☐ Frequently |
| • When watching TV or playing a video game | ☐ Rarely | ☐ Sometimes | ☐ Frequently |

How would you describe your child's personality at home? _____

How does your child get along with brothers/sisters? _____

Which adult would your child prefer to talk with about a problem? _____

Who is the family member that your child feels closest? _____

Who is primarily responsible for discipline at home? _____

What is the most effective way to deal with your child's behavior problems at home? (spanking, talking, positive reinforcement, time-out, grounding, etc.) _____

How does your child respond to discipline? _____

Does your child do these regularly? ☐ Yes ☐ No Does your child need frequent reminders? ☐ Yes ☐ No

Indicate child's... Bed time? ____:____ PM Wake time? ____:____ AM Does child sleep well? _____

How much time does your child typically spend on electronic media?

Watching T V: ____hrs/day; Playing video/computer games: ____hrs/day; Other _____: ____hrs/day

Have any family members expressed concerns about your child's behavior? ☐ Yes ☐ No

Explain:

E. Social Behavior:

How would you describe your child's peer relationships and choice of friends? (i.e. How many friends? What age/genders? Is child shy, outgoing, a leader, a follower, etc? Does child associate w/ scholars or troublemakers?) _____

How does your child interact with children in the neighborhood? _____

Educational History

How does your child feel about school? _____

How motivated do you feel your child is to learn? _____

About how much time does your child spend on homework each night? _____

How much of a struggle is homework? ☐ Not a struggle ☐ Sometimes a struggle ☐ Often a struggle

Does your child receive special school services (IEP, 504 plan, Gifted/Talented)? ☐ Yes ☐ No

If yes, which program and when services begin _____

Below, please list schools attended and describe your child's academic and/or behavioral performance:

Preschool / Daycare _____

Elementary School _____

Middle School _____

High School _____

Thank you for taking the time to complete this form. The information you have provided will help us to better understand your child.