



DAVIES INSTITUTE FOR SPEECH & HEARING

Social Developmental History

IDENTIFYING INFORMATION:

Date: _____

Name of student: _____ School: _____

Date of birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Name of person completing form: _____ Phone: _____

Address: _____

Number Street City Zip

Child is currently living with:

- | | |
|--|--|
| <input type="checkbox"/> natural parents | <input type="checkbox"/> natural father only |
| <input type="checkbox"/> adoptive parents | <input type="checkbox"/> natural father and stepmother |
| <input type="checkbox"/> foster parents | <input type="checkbox"/> natural mother and stepfather |
| <input type="checkbox"/> natural mother only | <input type="checkbox"/> other: _____ |

Legal guardians are: _____

FAMILY HISTORY

Name of father: _____ Age: _____

Address (if different from above): _____

Father employed by: _____ Level of Education: _____

Father's occupation: _____ Work phone: _____

Name of mother: _____ Age: _____

Address (if different from above): _____

Mother employed by: _____ Level Education: _____

Mother's occupation: _____ Work phone: _____

Have the parents been divorced? Separated? If the answer is yes, please give the age of the child at the time of the separation or divorce _____

Child's brothers and sisters (if applicable): (use back of form to list other children in the family)

Name	Age	Sex	Grade	Briefly describe child's personality
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others living in the home: _____

Has child had long separation from the family? _____

Deaths significant to the child: _____ Relationship: _____

Has anyone in the family had emotional problems? _____ Behavioral problems? _____ If yes, please explain _____

Has anyone in the family had learning or attention problems? _____ If yes, please explain _____

What is the primary language spoken in the home? _____

MOTHER'S MEDICAL HISTORY DURING PREGNANCY WITH THIS CHILD:

Mother's general health during the pregnancy _____

When did medical care begin? _____

Did the mother use any of the following during the pregnancy? If yes, how much and for how long?

Tobacco _____ Alcohol _____

Prescription drugs _____ other drugs _____

Was the mother under emotional pressure _____ Please describe _____

Mother's age at time of birth? _____ Type of birth? _____

Was mother able to care for the child after it was born? _____ If not, give details _____

Has the child been in daycare or has there been another caretaker other than parents? _____

Was there anything unusual about the pregnancy or the delivery? _____

What was the birth weight of the child? _____ How long in hospital after birth? _____

Check any of the following that applied and give the details.

____ difficult pregnancy _____

____ premature birth _____

____ unusual size or weight _____

____ multiple birth _____

____ forceps delivery _____

____ breech delivery _____

____ anoxia (slow to begin to breathe) _____

____ birth _____

____ delivery complications _____

Was the child hospitalized after birth? _____

DEVELOPMENTAL HISTORY:

Has this child suffered any head injuries? _____

Has this child been hospitalized? _____

Has this child had any surgeries? _____

Has there been anything unusual or abnormal about this child's early development? _____

Briefly describe this child's health during the first year _____

Briefly describe early feeding details (breast, bottle, slow to gain weight, diet problems, colic etc.) _____

Who was primarily responsible for taking care of this child during early infancy? _____

Did the child have sleeping problems? _____

At what age did the child: sit alone _____ crawl _____ stand alone _____

Walk _____ say first words _____ (what words?) _____ use 2-3 words to talk _____

At what age was the child toilet trained in the daytime? _____ at nighttime? _____

What childhood diseases has the child had? _____

Has this child ever had a high fever that lasted for several days? _____ If yes, please give details _____

CHILD'S PRESENT HEALTH:

- | | | |
|---------------------------|-----------------------|-----------------------------|
| _____ speech defect | _____ heart condition | _____ diabetes |
| _____ visual defect | _____ ulcers | _____ tobacco use (smoking) |
| _____ hearing defect | _____ asthma | _____ head trauma |
| _____ coordination defect | _____ allergies | _____ phenylketonuria/PKU |
| _____ physical defect | _____ meningitis | _____ mental retardation |
| _____ ADHD | _____ drug use | _____ weight problem |
| _____ alcohol use | _____ seizures | _____ other _____ |

Briefly describe the child's general physical health _____

Has the child had any serious illnesses? _____, accidents? _____, surgeries? _____

Does this child have sleeping problems? _____, eating problems? _____, unusual fears? _____

Briefly describe the child's emotional health: _____

List any medications that the child is currently taking and for what condition _____

Has the child taken medication in the past for learning, attention or behavioral problems? _____

If so, which ones, when and how long _____

Has medication for an emotional or behavioral issue ever been prescribed or suggested for your child? _____

If yes, please explain _____

Name of family doctor: _____ Phone: _____

Date of last doctor visit: _____ Reason for visit and results _____

Have you ever consulted with anyone (counselor, religious leader, physician etc.) about your child's behavior? _____ If yes, please explain _____

SOCIAL AND FAMILY ADJUSTMENT:

Describe how the child gets along with other children in the family: _____

Describe how the child gets along with other children outside the family: _____

How does the child get along with mother? _____

and with father? _____

How is the child disciplined? _____

Who is responsible for the discipline? _____

How does the child respond to discipline? _____ Does the discipline used change his/her behavior? _____

Circle each that applies: talkative, quiet, leader, follower, sociable, loner, friendly, unfriendly, active, passive, confident or lacking in confidence.

What are the ages of the children with whom this child associates? _____

What leisure time activities does s/he enjoy? _____

BEHAVIORAL CONCERNS:

___ wets clothes or bed

___ poor bowel control

___ sucks thumb

___ feeding problems

___ sleeping problems

___ cries easily

___ temper tantrums

___ selfish

___ slow learner

___ pretends sickness

___ picks on others

___ gets picked on

___ not motivated

___ restless overactive

___ short attention span

___ angers easily

___ wants own way

___ jealous of others

___ cruel to animals

___ disobeys parents

___ disobeys teachers

___ school truancy

___ runs away

___ drug abuse

___ sexual problems

___ delinquent friends

___ lies

___ steals

___ dishonest

___ acts peculiar

___ talks strange

___ bizarre ideas

___ avoids people

___ shy

___ discouraged

___ sad

___ moody

___ worries

___ sets fires

What is the child's primary problem as the mother sees it? _____

What is the child's primary problem as the father sees it? _____

What is the child's primary problem as the school sees it? _____

When did you first become concerned about your child's behavior? _____

When did the school first contact you about their concerns about this child? _____

Has the child ever had any type of psychological or educational testing at school or in a private setting?

If yes, please give details _____

Are both parents in agreement about the referral of the child for evaluation and services? _____

Are the parents willing to participate in interventions recommended following the assessment? _____

Are there any problems at home with other family members or with your marriage or relationships that might be affecting the child? _____

Has your child ever been in trouble with the police? _____ If the answer is yes, please explain _____

CHILD'S SCHOOL HISTORY:

<u>Grade</u>	<u>Where attended</u>	<u>Average grade</u>	<u>Adjustment (good, fair, poor)</u>
Pre-school	_____	_____	_____
Kindergarten	_____	_____	_____
First grade	_____	_____	_____
Second grade	_____	_____	_____
Third grade	_____	_____	_____
Fourth grade	_____	_____	_____
Fifth grade	_____	_____	_____
Sixth grade	_____	_____	_____
Seventh grade	_____	_____	_____
Eighth grade	_____	_____	_____
Ninth grade	_____	_____	_____
Tenth grade	_____	_____	_____
Eleventh grade	_____	_____	_____

Did the child attend a pre-school or Mother's Day Out program? _____, If yes, how was his/her adjustment? Did the staff have any concerns? _____

What is your child's attitude toward school? _____

Has his/her attitude changed recently? _____

Has your child ever been retained (failed a grade)? _____ If yes which one? _____

Has your child even been placed in a special class? _____

Has your child ever received tutoring at school or privately? _____

Has your child even been removed or suspended or expelled from school? _____, If yes, what were the circumstances _____

Has your child ever been placed at an alternative educational school or campus because of disruptive behavior? _____, If yes, please explain. _____

How does your child's achievement compare to that of other children his/her age? _____

Reading? _____

Writing? _____

Mathematics? _____

Motor Coordination? _____

Have other members of the family had difficulty finishing high school? _____

Is there a history of learning problems in the child's family? _____, If yes, what types of problems? Please explain _____

What are the child's STRENGTHS? _____

What are the child's WEAKNESSES? _____

What are the child's hobbies/interests/what he/she does for fun? _____

Please provide any other additional information or comments: _____

