

SOCIAL/DEVELOPMENTAL HISTORY
Department of Special Education/Sevier County Schools

Name: _____ Birthdate: _____ Date: _____

Mother's name: _____ Father's name _____

(Check if applicable): Single ___ Separated ___ Divorced ___ Age of above child at time of divorce/separation ___

Joint Custody? Yes/No Legal Custody with _____/Physical custody with _____

Please list names of **all** people living in the home.

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History and Child's Background

1. What problems did mother have during pregnancy? (Health, Illnesses, Injuries, Medication) _____

Was pregnancy full-term? Yes/No How many weeks? _____ C-Section? _____ Forceps? _____
Breech presentation? _____ Birth weight? _____ Jaundice? _____ If so, treatment? _____
Any other problems with labor or delivery? _____

2. List important medical information including serious illnesses, injuries, and hospitalizations such as frequent ear infections, tubes in ears (hearing problems), seizures, allergies, etc. _____

3. Has your child ever been diagnosed as ADHD? Yes/No If so, when and by whom? _____
Please list current medications. _____

4. Has your child ever had visual problems or worn glasses? _____

5. Were developmental problems noticed? Yes/No If yes, please list ages at which your child first sat unaided _____, walked independently _____, spoke single words (other than mama and daddy) _____, talked using 2-3 words _____, and was toilet trained _____.

6. Has your child experienced learning or academic problems? Yes/No If yes, please describe: _____

Has your child ever been evaluated/tested? Yes/No If so, when and where? _____

Have special education services been provided in the past? Yes/No If yes, describe: _____

Describe any behavior problems noticed at home or reported by teachers: _____

Communication

Does your child have any speech or language problems? Yes/No If yes, when was the problem first noticed? _____ Have there been any previous speech/language services? Yes/No If yes, when and where? _____

Previous School History

Please list previous school(s) attended beginning with preschool/head start/kindergarten:

<u>School</u>	<u>Grade</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please report any other concerns or relevant information on the back of this page. Return to the school by _____