

BRANTLEY 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 _____
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9. Speech problems? _____ Hearing Problems? _____
10. Is child presently taking medication(s)? _____ If yes, please list _____
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Social/Emotional/Behavioral Development:

1. Is child excessively dependent? _____ If yes, describe _____
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2. Is child excessively fearful? _____ If yes, explain _____
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3. Is child generally happy? _____ If no, explain _____
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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 _____
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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