

Social History Update

LEA: _____ SCHOOL: _____

Students Name: _____ Gender: _____

DOB: _____ Age: _____ Grade: _____

Address: _____

Home Phone: _____ Emergency Contact Phone: _____

Mothers Name: _____ Age: _____

Occupation: _____ Employer: _____

Work Phone: _____

Fathers Name: _____ Age: _____

Occupation: _____ Employer: _____

Work Phone: _____

Has the Students living arrangements or family situation changed within the past year?

If "yes" please explain. _____

Briefly describe the child's problem

Do you think your child has a problem that you can't quite put your finger on what the problem is? _____ yes _____ no

Has your child been evaluated before? _____ yes _____ no

If so where? _____ When? _____

Has the student had any serious illnesses, accidents, or head injuries? Yes No

If "yes" please explain: _____

Please list any medications your child now uses and what each one is used for.

Behavior

Hyperactive or Squirmy

Attention seeking yes no

Tantrums Yes No

Impulsive (acts without thinking) Yes No

Short attention span Yes No

Strange eating habits Yes No

Does your child like to have a Schedule? _____yes _____no

If so does changing his/her schedule cause a problem? _____Yes _____No

Does your child like to play with (circle one) children older than him/her;
Younger than him/her; or children his/her same age?

Do you consider your child to have balance problems? _____Yes _____No

Are you concerned that your child may not have as well developed social skills as other
children his/her age? _____Yes _____No

When your child first began to have academic problems, did you consider the problem to
be: _____ Poor academics at school?

_____ A weak teacher

_____ Something you had or had not done

Does his/her problem remind you of a problem a family member has now or has had in
the past? _____Yes _____No

Does the student appear to be concerned about his/her present difficulties?

_____Yes _____No

Prior to this time, had anyone (physician, teacher, relative, etc.) ever been concerned about the student's ability to learn?

Yes No If "yes", please explain: _____

What are the student's strengths? _____

Signature of person completing this form: _____

Relationship to the student: _____ Date: _____