Licensed Educational Psychologist, #2894
Licensed Professional Clinical Counselor #1007

SOCIAL-DEVELOPMENTAL HISTORY QUESTIONNAIRE

I. GENERAL INFORMATION

Child's full name_____ Grade_____ Age_____

DOB___/___/___ (mo/day/yr)

Current Address: _____

Person providing information: _____
Relationship to child: _____

Who does child live with: □ both parents □ mother □ father □ other (specify)
_____

Biological father_____ Occupation_____
Years of education: _____ Father's home phone_____
Work #_____ Cell #_____

Biological mother_____ Occupation_____
Years of education: _____ Mother's home phone _____
Work #_____ Cell #_____

Guardian's name_____ Occupation _____
Years of education_____ Guardian's home phone _____
Work #_____Cell #_____

Please list all people in child's immediate family:

Please list all other *non-family* members who live in household:

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

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? _____

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

_____
_____
_____
_____

What do you feel are your child's:

Strengths:_____
_____

Weaknesses:_____
_____

Briefly describe your concerns for your child:

_____
_____
_____
_____
_____
_____
_____
_____
_____

II. 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

APGAR score ...at 1 minute_____ ...at 5 minutes_____ □ Unsure / Don't know

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 Mother's Pregnancy:

□No Complications □Blackouts
□Falls □Physical Injury □Blackouts □Excessive Bleeding □Hypertension
□Diabetes □ Emotional Stress □ Toxemia □ Alcohol/Drug Use
□Use of Tobacco

Child's Delivery: □ Normal □Induced Labor □C-Section
□Breech birth □Unusually long labor (>12 hrs) □Premature # of weeks_____
□Overdue # of weeks_____ □ Other Problem (Specify) _____
_____
_____

Child's Condition at Birth □ Normal / No problems □ Lack of Oxygen
□ Breathing Problem □ Birth Injury/Defect □Jaundice □Newborn ICU # of days _____ □ Other Problem (Specify) _____
_____
_____

B. Health

Describe the state of 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:

_____

C. Development

Please indicate the age or age range when your child performed the following milestones:
Has your child had any of the following?

Please describe and give details, dates, and/or age onset:

□ 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:

Is there a *family history* for the following problems?
Biological family member with the history... (Parents, sister/brother, aunt/uncle, grandparent, 1st cousin, etc.):

□ Learning Difficulties (reading, math, writing, spelling)
□ Speech or Language problem (articulation, stuttering, etc.)
□ Developmental Disorder (such as Autism, Aspergers, etc.)
□ Emotional Problems (depression, excessive anxiety, mood swings, etc.)
□ Mental Retardation
□ School Failure (failing grades, dropout, etc.)
□ Drug or Alcohol Addiction

* * Continue on the next page * *

Milestone:

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

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

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

III. BEHAVIOR A. Behavior in Infancy

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

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

* If checked any above, please describe_____
_____
_____

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

Activity Level – How active has your child been from an early age?

_____
_____
_____
_____

Distractibility – How well was your child able to maintain focus or concentration, or pay attention to tasks?

_____
_____
_____
_____

Adaptability - How well was your child able to deal with transition, change, or when denied his/her own way?

_____
_____
_____
_____

Approach/Withdrawal – How well was your child able to respond to new things (i.e., new places, people, food, etc.)?

_____
_____
_____
_____

Intensity – Whether happy/unhappy, how strong were your child's feelings exhibited? Were others made aware of when your child was upset, angry, disappointed, etc.?

_____
_____
_____
_____

Mood – What was your child's basic mood? Did he/she exhibit frequent or rapid changes in mood or temperament?

_____
_____
_____

Regularity – How predictable was your child's patterns of activity level, sleep, appetite, etc.?_____
_____
_____
_____

C. Differential Behaviors

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

□ Destructive behavior
□ Responds well to authority figures
□ Withdrawn and/or sullen
□ Disorganized, loses things often
□ Frustrated easily
□ Has difficulty playing quietly
□ Fidgets or squirms in seat
□ Is affectionate with family and friends
□ Boundless energy and poor judgment
□ Cruelty to animals
□ Shows sudden outburst of physical aggression
□ Shifts from one activity to another
□ Requires a lot of parent attention
□ Appears to daydream or "zone out" often

D. Home Behavior:

□ Appears depressed & unhappy much of the time
□ Frequently complains about aches and pains
□ Prefers to be alone (or considers self "a loner")
□ Lacks motivation
□ Becomes upset with change
□ Frequent peer and/or family conflicts
□ Always worrying about something
□ Explosive temperament
□ Appears to have low self-esteem
□ Starts fires
□ Steals or lies
□ Fearfulness
□ Does not appear to listen
□ Nervous habits (nail biting etc.)

How often are 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.):

Rate the following – Never (N), Sometimes (S), or Frequently (F).

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

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?

_____

List any responsibilities your child has at home:

_____
_____
_____

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 TV: _____ hrs/day

Playing video/computer games: _____ hrs/day

Other: _____ _____ hrs/day

How are your child's eating habits?

_____
_____

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?

_____
_____
_____
_____

IV. 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
_____
_____
_____
_____
_____
_____