Troup County School System
Social and Developmental History Questionnaire

I. GENERAL INFORMATION

Student's Full Name ______________________________ Date of Birth ______________ Age _______ Grade ________

Current Address: ____

Person providing information: ___________________________ Relationship to child _________________________

Father's Name ___________________ Occupation __________________ Phone Number _______________________

Mother's Name ___________________ Occupation __________________ Phone Number _______________________

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

**Please complete the section below if the guardian is someone other than the child's mother or father.

**Guardian's Name_____________________ Occupation ______________ Phone Number ____________ ___________

Relationship to the child __________________________ Does this adult have legal custody? □ Yes □ No

Please list all people living in the house and the relationship to the student.

Name	Age	Relationship

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.)? □Yes □ No

If Yes, please describe.____

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Are there other adults who have a significant part in raising your child? □ Yes □ No

If so, please indicate name & relationship (step-parent, grandparent, boy/girlfriend, etc.). ____________________________

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II. HEALTH AND DEVELOPMENT

Pregnancy and Birth

Is your child: □ biological child □ adopted child □ foster child □ other: ____

Mother's age at birth ________ Did mother receive routine medical prenatal care? □Yes □ No

Pregnancy: □ full term □ premature □ overdue

Did child go home from the hospital at the same time as the mother? □Yes □ No

If No, explain why: ____

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List any illness during pregnancy: ____

Describe any complications during pregnancy. ____

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Medical Information

Describe the state of your child's current health: ◻ Excellent ◻ Good ◻ Fair ◻ Poor

Is this child eligible for Medicaid? ◻ Yes ◻ No

Is your child currently taking any medication? ◻ Yes ◻ No

If yes, please list medications and uses: ______________________________

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Has your child ever been identified as having a disability? ◻Yes ◻ No

If so, by whom, what age, & what disability? ______________________________

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Has your child ever received psychological counseling? ◻Yes ◻ No

If so, by whom (professional/agency) and when: ______________________________

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Has your child ever participated in therapy services from a private entity? (i.e., speech, occupational, physical, vision therapy, etc.)? ◻ Yes ◻ No

If so, by whom (professional/agency) and when: ______________________________

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Has your child ever participated in educational services from a private entity (i.e., private tutor, Kumon)? ◻Yes ◻ No

If so, by whom (professional/agency) and when: ______________________________

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Has your child ever participated in an early intervention program? ◻Yes ◻ No

If so, by whom (professional/agency) and when: ______________________________

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Has your child had any of the following?

◻ Serious Illnesses	◻ Allergies and/or Asthma	◻ Hearing Problems
◻ Head Injuries	◻ History of Ear Infections	◻ Other Health Problems
◻ Seizures or convulsions	◻ Nightmares and/or Bedwetting	
◻ Surgery/Hospitalization	◻ Vision Problems	

If yes, please describe and give details, dates, and/or age of onset. ______________________________

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Developmental Milestones
Please indicate when your child met the following:

Sat up without help:	□ normal	□ delayed	Stayed dry all night:	□ normal	□ delayed
Crawled:	□ normal	□ delayed	Spoke first words:	□ normal	□ delayed
Walked alone:	□ normal	□ delayed	Spoke short phrases:	□ normal	□ delayed
Fully bladder trained:	□ normal	□ delayed	Spoke in sentences:	□ normal	□ delayed
Fully bowel trained:	□ normal	□ delayed			

Please indicate if your child *currently* does the following:

Often repeats sounds or struggle to get words out	□ yes	□ no
Talks about something that does not make sense or is irrelevant to the situation	□ yes	□ no
Uses mostly one and two word sentences	□ yes	□ no
Uses longer sentences without difficulty	□ yes	□ no
Speaks in complete sentences	□ yes	□ no
Uses correct grammar in your language	□ yes	□ no
Pronounce sounds correctly	□ yes	□ no
Speak at a normal rate of speech	□ yes	□ no
Speaks as smoothly and fluently as other children of the same age (e.g., does not hesitate more than other children or repeat sounds over and over)	□ yes	□ no
Know as many words as other children	□ yes	□ no
Often does not know the word for something or use the wrong word	□ yes	□ no
Follows several directions in a row	□ yes	□ no

Did anyone else in your family have trouble learning to speak? □ Yes □ No

If Yes, please tell us about those problems. ____

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III. BEHAVIOR

Behavior in Infancy
During your child's first *few years of life*, were any of the following a concern?

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

Please describe all checked items____

____

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Behavioral Observations

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

- ☐ Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting for his/her turn
- ☐ Talks excessively, interrupts often, doesn't listen
- ☐ Often loses things, very disorganized compared to others his/her age.
- ☐ Poor concentration
- ☐ Difficulty initiating tasks
- ☐ Difficulty completing tasks
- ☐ Difficulty following instructions
- ☐ Engages in impulsive behaviors (acts before thinking)
- ☐ Immature compared to peers
- ☐ Engages in physically dangerous activities
- ☐ Often argumentative with adults
- ☐ Often actively defiant to adult requests and rules
- ☐ Blames others for own mistakes
- ☐ Often angry or resentful
- ☐ Somatic complaints of not feeling well
- ☐ Excessive separation difficulties
- ☐ Easily frustrated
- ☐ Lies
- ☐ Steals
- ☐ Aggressive towards others (adults and peers)
- ☐ Often depressed/irritable mood
- ☐ Low energy/fatigue
- ☐ Shy
- ☐ Feeling of worthlessness or low self-esteem
- ☐ Withdrawn
- ☐ Overly anxious or fearful
- ☐ Sleeping too little/insomnia
- ☐ Sleeping to much
- ☐ Difficulty making decisions
- ☐ Cries easily
- ☐ Temper tantrums
- ☐ Rapid mood changes/mood swings
- ☐ Suicidal thoughts
- ☐ Excessive need for reassurance
- ☐ Poor appetite
- ☐ Overeats
- ☐ Explosive temper without warning
- ☐ Odd fascinations
- ☐ Unrealistic worry about futures events
- ☐ Substance abuse (drugs, alcohol, other)

Please explain all checked items: ____
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How does your child typically related to:

Parents	☐ very well	☐ fair	☐ poor
Teachers	☐ very well	☐ fair	☐ poor
Other adults	☐ very well	☐ fair	☐ poor
Siblings	☐ very well	☐ fair	☐ poor
Other children	☐ very well	☐ fair	☐ poor

What type of discipline is used most often in the home? ____
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What do you feel are your child's…

Strengths

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Weaknesses

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