

**Daviess-Martin Special Education Cooperative**  
**Social and Developmental History**

**PLEASE COMPLETE ALL ITEMS**

*This form will become part of the final evaluation report.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**PARENT INPUT**

Person providing information \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_

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**SOCIAL AND DEVELOPMENTAL INFORMATION**

List the names and ages of all people currently living at your child's residence:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital status of parents:  Married  Living Apart  Divorced  Other \_\_\_\_\_

If divorced or separated, does child have visitation with non-custodial parent? Yes  No

Explain \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Stepparent's Occupation \_\_\_\_\_

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**MEDICAL HISTORY**

Physician Name \_\_\_\_\_

Describe any complications, medications, or other concerns during the pregnancy (for example, high blood pressure, toxemia, diabetes, etc.) \_\_\_\_\_

Did mother use  tobacco  alcohol  street drugs during pregnancy?

At the time of delivery, was the child  full term  premature? Birth weight \_\_\_\_\_

Length of pregnancy \_\_\_\_\_ C-Section?  Yes  No

Please list any complications \_\_\_\_\_

Length of hospital stay for child \_\_\_\_\_

List any health conditions the child may have \_\_\_\_\_

List any current medication, purpose of medication, dosage / date begun that the child has been Prescribed:

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List any serious illnesses, injuries, or traumatic events and the child's approximate age at the time:

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List any significant family changes such as divorce, remarriage of parent, deaths (who and when):

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Is there a family history of  Depression  Anxiety  Bipolar disorders  
 Schizophrenia  Drug/Alcohol problems  ADD/ADHD  
 Learning Disabilities  Retardation

Does the child have vision problems?  Yes  No Glasses/Contacts?  Yes  No

Date of last eye exam \_\_\_\_\_ Results \_\_\_\_\_

Does the child have hearing problems?  Yes  No Age detected \_\_\_\_\_

Tubes in ears?  Yes  No Hearing aides?  Yes  No

Date of last hearing exam \_\_\_\_\_ Results \_\_\_\_\_

Time to bed \_\_\_\_\_ Time to arise \_\_\_\_\_ Energy level throughout the day \_\_\_\_\_

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### DEVELOPMENTAL HISTORY

Crawled	before 6 months	6 - 12 months	after 12 months
Walked alone	before 12 months	12 - 18 months	after 18 months
Spoke first word	before 15 months	15 - 18 months	after 18 months
Put several words together	before 18 months	18 - 24 months	after 24 months
Spoke in complete sentences	before 24 months	24 - 36 months	after 36 months
Toilet trained	before age 2	2 -3 years of age	after age 3

List any concerns about the child's development or behavior \_\_\_\_\_

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Are there any current conditions at home that may be influencing the child's behavior and/or development (such as marital problems, custody issues, family illness)? \_\_\_\_\_

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**SCHOOL / ACADEMIC HISTORY**

List in order the other schools your child has attended (For children 7 and younger, please list preschool and daycare experiences):

School/Daycare	Dates
_____	_____
_____	_____
_____	_____
_____	_____

Has your child repeated a grade?  Yes  No If so, which one(s)? \_\_\_\_\_

How much time does child spend on homework per evening? \_\_\_\_\_

Describe the child's homework routine \_\_\_\_\_

Have other evaluations been completed?  Yes  No If yes, attach a copy of evaluation results.

Describe your child's academic, social, and behavioral:

Strengths \_\_\_\_\_

Weaknesses \_\_\_\_\_

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**SOCIAL HISTORY**

How is the child disciplined? \_\_\_\_\_ Successful?  Yes  No

Do caregivers agree on discipline?  Yes  No

Has the child ever been in trouble with police?  Yes  No

How does he/she get along with adults at home? \_\_\_\_\_

How does he/she get along with brothers and sisters? \_\_\_\_\_

Describe your child's friendships. \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

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**OTHER**

What are your hopes for your child? \_\_\_\_\_

In your opinion, why is your child being referred for evaluation? \_\_\_\_\_

