SOCIAL-DEVELOPMENTAL HISTORY QUESTIONNAIRE
(INITIAL EVALUATION)
---Hart County Schools---

I. GENERAL INFORMATION

Child's Full Name _____ Grade _____ Age _____ DOB _____

Current Address _____ How long at this address? _____

Person completing form _____ Relationship to Child _____

Child lives with: □ both parents □ mother □ father □ other (specify) _____

Biological father _____ Occupation _____ Yrs Education _____
Father phone # (H) _____ W# _____ C# _____

Biological mother _____ Occupation _____ Yrs Education _____
Mother phone # (H) _____ W# _____ C# _____

□ N/A Guardian name _____ Occupation _____ Yrs Education _____
Guardian phone # (H) _____ W# _____ C# _____

Please list all people who live in household:

Name	Relationship to child	Age/Grade	How long lived in the home?

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

Are there other adults who have a *significant* part in raising your child? □ Yes □ No
--If so, please list name & relationship (step-parent, grandparent, boy-/girlfriend, etc.) _____
Have there been any *significant* changes in the home over the last 12 months? □ Yes □ No
--(Such as new marriage, death, birth, move, separation/divorce, parent dating, job change, financial problems, court involvement, etc.)
_____
What are your child's strength? _____
What are your child's weaknesses?_____
Describe your concerns for your child _____

II. HEALTH & DEVELOPMENT

A. Pregnancy & Birth

Is child your…. □ biological child □ adopted child □ foster child □ other (specify) _____

Mother's age at birth _____ Did mother receive routine medical prenatal care? □ Yes □ No □ Unknown
Father's age at birth _____ Was father involved in prenatal care and process? □ Yes □ No □ Unknown

Were prescription medications utilized by mother during pregnancy? □ Yes □ No □ Unknown

--If YES, please specify names of medication(s) and reasons used: _____

Pregnancy lasted _____ weeks/months Child's birth weight: _____ lbs, _____ozs
APGAR score at… 1 minute _____ …at 5 minutes _____ OR □ unsure/unknown
Did child go home from hospital at same time as mother? □ Yes □ No □ Unknown
--If NO, please explain reason(s): _____

Please check ALL conditions that describe the health of the child and mother during…

MOTHER'S PREGNANCY	CHILD'S DELIVERY	CHILD'S CONDITION AT BIRTH
□ No complications	□ No complications	□ Normal/No problems
□ Blackouts	□ Induced labor	□ Needed oxygen
□ Falls	□ C-Section (planned)	□ Breathing problems
□ Physical Injury	□ C-Section (emergency)	□ Birth injury: _____
□ Excessive bleeding	□ Breech birth	□ Birth defect: _____
□ Hypertension	□ Unusually long labor (>12 hrs)	□ Jaundice
□ Diabetes	□ Premature # of weeks _____	□ Newborn ICU (NICU)
□ Emotional Stress	□ Overdue # of weeks _____	(# of days in NICU _____)
□ Toxemia/Preeclampsia	□ Other: _____	□ Other: _____
□ Use of alcohol/tobacco/drugs	□ Other: _____	□ Other: _____

B. Health

Child's current health: □ Excellent □ Good □ Fair □ Poor

Is your child currently taking any prescription medications? □ Yes □ No
--If YES, please list medications and reasons used: _____

Has your child ever been identified as having a disability? □ Yes □ No
--If YES, by whom, what age, & what disability: _____

Has your child ever received psychological counseling? □ Yes □ No
-If YES, by whom (professional/agency) and when: _____

Problems with the following?	CURRENT or PRIOR problem?		DETAILS (dates, age of onset, etc.)
□ Serious Illnesses	C	P	
□ Head Injuries	C	P	
□ Seizures or Convulsions	C	P	
□ Surgery/Hospitalization	C	P	
□ Ear Infections	C	P	
□ Allergies and/or Asthma	C	P	
□ Vision Problems	C	P	
□ Hearing Problems	C	P	
□ Frequent Nightmares	C	P	
□ Bedwetting	C	P	
□ Toileting Accidents	C	P	
□ Problems sleeping	C	P	
□ Sleep Apnea	C	P	
□ Frequent Sinus Infections	C	P	
□ Frequent Illnesses	C	P	
□ Other	C	P	

Is there a *family history* for the following problems?	*Biological* family member with the history… (parent, sister/brother, aunt/uncle, grandparent, 1st cousin, etc.)
□ Learning Difficulties -reading, math, writing, spelling	
□ Speech/Language Problems	
□ Developmental Disorders -such as Autism, Asperger's, etc	
□ Emotional Problems -depression, anxiety, mood swings, etc	
□ Mental Disability	
□ School Failure -failing grades, dropout, etc	
□ Drug or Alcohol Addiction	

C. Development

Please indicate the age or age range when your child performed the following milestones

MILESTONE	0-3 Months	4-6 Months	7-12 Months	13-18 Months	19-24 Months	2-3 Years	3-4 Years	Not Yet Consistently Demonstrated
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								

III. BEHAVIOR

A. Behavior in Infancy

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

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

*If checked above, please describe: _____
_____

B. Child's Early Temperament

NOTE*: Please answer ALL questions in Section B regarding child's behavior during the toddler through five-years of age range)*

¤ Activity Level – How active has your child been from an early age?
□ Inactive □ Slightly under-active □ Normal activity level □ Slightly over-active □ Hyperactive

¤ Distractibility – How well was your child able to maintain focus or concentration (pay attention to tasks)?
□ Very easily distracted □ Slightly distractible □ Normal attention □ Hyperactive □ Hyper-focused (overly focused on things)

¤ Adaptability – How well did your child deal with transition, change, or when denied his/her way?
□ Does not cope well at all □ Copes fair but needs extended time □ Normal/Average □ Copes well □ Coping skills are excellent

¤ Approach/Withdrawal - How did your child respond to <u>new</u> things/people (circle <u>ALL</u> that are true):

	-2	-1	0	+1	+2
New Places….	Becomes physically upset in new places	Hesitant to new places; clings to familiar adult; slow to "warm up"	Does not appear bothered by visiting new places	Must be watched closely; may accidentally wander off	Must be held onto; will dart/wander off; not aware of surroundings
Unfamiliar people… (not around on regular basis)	Withdraws; does not speak when spoken to; looks away; may become physically upset	Quiet; only responds if forced by guardian; mumbles/low voice; "slow to warm up"	Smiles; responds to greetings; interacts appropriately for age	Wants to be involved in all conversations; likes center of attention	Intrudes upon conversations; interrupts; makes inappropriate comments or off-topic comments
New Food/Oral Concerns…	Refuses to try new foods; gags/may vomit if forced; becomes physically upset if forced	Very hesitant to try new foods; tries if urged; may gag/vomit	Tries new food if asked; may chew or spit out if does not like taste	Tries foods and sometimes put non-food items in mouth	Must be watched closely; eats objects that are not food
Eye Contact…	Does not make eye-contact	Does not maintain eye-contact; may look away when talking to someone (fleeting eye-contact)	No concerns with eye-contact	Makes eye contact (may or may not be fleeting eye-contact); SOMETIMES gets into others' personal space	Makes eye contact (may or may not be fleeting eye-contact); ALWAYS gets into others' personal space

Approach/Withdrawal Total Score: _____

¤ Intensity – Whether happy/unhappy, how strong were your child's feelings exhibited?
(*Were others aware of when your child was upset, angry, disappointed, etc. because of child's actions/behavior?)*

*<u>SELECT AT LEAST ONE RESPONSE FROM **BOTH** LINES BELOW</u>*

□ Does not show emotion □ Shows little emotion □ Displays normal emotional reactions □ Moderately Strong emotion □ Extremely Strong

<u>AND</u>

□ Engages in behavior in front of others, regardless of where at -- OR -- □ Engages in behavior in private/comfortable location

¤ Mood – How would you describe your child's basic mood? _____

¤ Mood – Did he/she exhibit frequent or rapid changes in mood or temperament? □ YES □ SOMETIMES □ NO

¤ Regularity – How predictable was your child's patterns of….

- Activity level: □ unpredictable, inconsistent □ predictable and appropriate □ extremely predictable, very routine based
- Sleep: □ unpredictable, inconsistent □ predictable and appropriate □ extremely predictable, very routine based
- Appetite: □ unpredictable, inconsistent □ predictable and appropriate □ extremely predictable, very routine based

¤ <u>PRIOR to age six</u>, did your child have more difficulty than other children his/her age…

□ sitting still at meal time
□ waiting turn for play
□ catching a ball
□ dressing self
□ accidentally dropping things
□ staying focused on TV, movies, or video games
□ throwing a ball
□ acting without thinking
□ holding a crayon and/or pencil
□ accidentally knocking things over
□paying attention when read to
□ knowing left and right
□ buttoning and/or zipping
□ tying shoe laces

C. Differential Behaviors

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

□ destructive behavior
□ affectionate with family and friends
□ responds well to authority figures
□ boundless energy and poor judgment
□ withdrawn and/or sullen
□ cruel to animals
□ disorganized, loses things often
□ shows sudden outburst of physical aggression
□ frustrated easily
□ shifts from one activity to another
□ has difficulty playing quietly
□ requires a lot of parent attention
□ fidgets or squirms in seat
□ appears to daydream or "zone out" often
□ appears depressed and unhappy much of the time
□ explosive temperament
□ frequently complains about aches and pains
□ appears to have low self-esteem
□ prefers to be alone (or considers self "a loner")
□ starts fires
□ lacks motivation
□ steals or lies
□ becomes upset with change
□ fearfulness
□ frequent peer and/or family conflicts
□ does not appear to listen to what is being said
□ always worries about something
□ nervous habits (nail biting, hair twirling, etc.)

D. Home Behavior

How often are each of the following settings currently a **problem* for your child?

**Problems include: doesn't follow directions/rules, needs reminders, arguments/fights, whines/cries, fidgets/squirms, etc.*

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

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 to? _____

Who is the person 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, loss of privileges, etc.) _____

How does your child respond to discipline? _____

List any responsibilities your child has at home: _____

Does your child do chores regularly? □ YES □ NO Does your child need frequent reminders? □ YES □ NO

What is your child's… Bed time? _____ PM Wake time? _____AM Does child sleep well? □ YES □ NO

How much time does child spend on electronics? Watching T.V _____ hrs/day Playing video/computer games _____ hrs/day

Have any family members expressed concerns about your child's behavior? □ YES □ NO

If YES, please explain: _____

E. Social Behavior

How would you describe your child's peer relationships and choices of friends? (i.e. How many friends? What age/genders? Is child shy, outgoing, a leader, a follower, etc.? Does child associate with other leaders or with students that are more likely to get into trouble?)

_____

How does your child interact with children in the neighborhood? _____

F. Educational History

Did child attend…… □ preschool □ daycare □ First Steps services □ Head Start

How does your child feel about school? _____

How motivated to 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

Please list all schools attended to date:

School Name	City/State	Grade	School Year Attended

Below, please summarize your child's academic and behavioral performance at each educational level:

Preschool/Daycare: _____
_____
_____

Elementary School: _____
_____
_____

Middle School: _____
_____
_____

High School: _____
_____
_____

Please leave any additional comments you would like below: