

MAHONING COUNTY SCHOOLS
DEVELOPMENTAL, HEALTH AND SOCIAL HISTORY

A. IDENTIFYING DATA

Name of Child _____ Birth date _____ Age _____

Address _____ School _____ Grade _____

Respondent _____ Relationship to Child _____
(Name)

Child's Primary Language _____ Other Languages spoken or understood _____

B. EDUCATIONAL HISTORY

Previous schools or programs attended - dates:

Grades Repeated: _____ Advanced to Grades: _____

PAST OR PRESENT SERVICES RECEIVED:

_____ Previous Psychological Evaluation	_____ Private Tutoring
_____ Attendance Officer	_____ Remedial Reading
_____ Health Department	_____ Private Physician
_____ Counseling	_____ Physician's Name _____
_____ Mental Health Center	_____ Children's Services Agency
_____ Juvenile Court	_____ Name _____
_____ Special Education Class	_____ Speech Therapy
_____ LD Tutoring	_____ Other _____

C. FAMILY INFORMATION

Name of Parent(s) or Guardian(s) _____

Father's Occupation _____

Mother's Occupation _____

Siblings _____ Age _____ Grade _____

_____ Age _____ Grade _____

_____ Age _____ Grade _____

Is this student an adopted or stepchild? _____ Age at adoption _____

Is this student a foster child? _____

Is this student living with only one parent? _____ Which parent? _____

Has there been a recent crisis or a continuing major problem in the family? _____ Yes _____ No

If yes, please describe: _____

D. MEDICAL

1. Prenatal

Health of mother during pregnancy: Excellent _____ Fair _____ Poor _____

Unusual events in pregnancy (drugs, bleeding, measles, spotting, toxemia, medication, etc.)

2. Birth

Premature? Yes _____ No _____ Duration of Labor _____

Labor Complications: Breech Birth _____ Caesarean _____ Need for Oxygen _____

RH _____ Toxemia _____ Instruments Used _____ Other _____

Baby's Birth Weight _____ Birth Defects _____

3. Early Childhood

Operations (age and reason) _____

Medications (age and reason) _____

High Fevers (age and temperature) _____

Ear Infections (age/ages) _____

Convulsions (age and reasons) _____

Serious Illness (list age and illness) _____

Injuries (age and incident) _____

4. Current Health Status

General Health: Excellent _____ Fair _____ Poor _____

Date of most recent examinations: Physical _____ Vision _____

Hearing _____ Other _____

Significant Results _____

Allergies _____

Medication received on a long-term basis (what kind of medication, how long) _____

E. DEVELOPMENT

List approximate ages when child: Sat Unsupported _____ Crawled _____ Walked _____

Talked _____ Toilet Trained _____

Temperament as infant:

a. Unusual patterns of crying: _____

b. Sleeping habits: _____

c. Eating Habits: _____

d. Other developmental facts: _____

F. CURRENT BEHAVIORAL DATA

Preferred Interaction: _____ 1 or 2 other children _____ large-group _____ alone

Has friends: _____ Yes _____ No Friends are usually: _____ Older _____ Younger _____ Same Age

Temper Tantrums: _____ Yes _____ No If yes, how often and how long? _____

Goes to bed when told: _____ Yes _____ No Bedtime is (Hour): _____

Wets: _____ Day _____ Night Soils: _____ Day _____ Night

Usually eats breakfast: _____ Yes _____ No Describe Preferred Foods: _____

Usually eats lunch: _____ Yes _____ No Describe Preferred Foods: _____

Usually eats dinner: _____ Yes _____ No Describe Preferred Foods: _____

ADDITIONAL NOTES: _____

(Please feel free to add additional pages if needed).

G. How does the child:

1. Get along with family members? _____

2. Follow instructions or orders at home? _____

3. Respect his own property or property of others? _____

4. Respond to correction? _____ Most effective types of discipline: _____

5. Get along with people outside the home? Adults: _____

Peers _____

6. Feel about school? i.e., What does he/she say about school at home? _____

H. Does Child:

1. Have daily responsibilities in the home? _____ Yes _____ No If yes, explain:

2. Have a study time? _____ Yes _____ No _____
3. Have a quiet place to study? _____ Yes _____ No _____
4. Get help with studies from family members? _____ Yes _____ No
5. Belong to any organizations, church groups, or recreational programs? _____ Yes _____ No
6. Respond better to: _____ Mother _____ Father _____ Both
7. Have supervision after school? _____ Yes _____ No

What activities does the family enjoy together? _____

Have other family members had learning or behavior problems? If so, please describe

