



Social History

This form is used to gather further information to assist us in having a better understanding of your son/daughter. This form is an essential part of your referral/evaluation process. It is important that all items be filled in correctly. Your cooperation is greatly appreciated and needed.

Person(s) Completing Form: _____ Date: _____
 Relation to child: _____

Family Composition

Child's Name: _____ Birthdate: _____ Age: _____ Sex: _____
 Parents Name: _____
 Address & Telephone Number: _____
 Cell phone number & email address: _____
 Currently Lives with: _____
 Marital Status: Married ___ Separated ___ Widowed ___ Divorced ___ Single ___ Re-marriage ___
 Visitation/Custody: _____
 Languages Spoken in the home: _____

Siblings (names & Date of Birth)	Gender	Natural	Half	Step	Adoptive	Foster	Lives in Home	Any speech, hearing, reading or other pertinent educational Difficulties

Other individuals in the home _____ Relationship _____

Family History: Is there a family History that you know of in either biological parent, grandparents, aunts, uncles, etc.

- Learning Difficulties (reading, math, spelling, organization)
- Speech or Language Problems (articulation, stuttering, organization/recalling words, etc.)
- Emotional Problems (depression, excessive anxiety, mood swings, psychosis, etc.)
- Intellectual Disability (formally known as Mental Retardation)
- Seizure Disorder (epilepsy)
- School Failure
- Drug and/or Alcohol Addiction
- Incarceration

If any answered yes, please describe further _____

Have there been any significant changes recently in the family structure which may have affected the child? (i.e., separation, divorce, death, remarriage)? Yes ___ No ___

Please explain _____

Have their been significant health problems in the family recently which may have affected the child?

Yes ___ No ___

Please explain _____

Has the family moved frequently ? Yes ___ No ___

Please explain _____

Has the child lived apart from parent(s) over the past 3 years? Yes ___ No ___

Please explain _____

Is your child able to accept responsibility in the home? Yes _____ No _____

Explain: _____

What does your child do in his/her free time (sports, hobbies, club, etc.)? _____

Does your child prefer to play with peers or alone? _____

Does your child have difficulty getting along with his/her peers? Yes ___ No ___

Are his/her friends mostly his/her age _____ older _____ younger _____

Does your child have difficulty getting along with his/her siblings? Yes ___ No ___

Explain: _____

Does your child like school? Yes ___ No ___ Describe _____

Are you concerned with your child's emotional development? Yes ___ No ___

Explain: _____

Does your child exhibit any of the following behaviors? (check those that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> difficulty sleeping | <input type="checkbox"/> wetting | <input type="checkbox"/> head banging | <input type="checkbox"/> school avoidance |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> soiling | <input type="checkbox"/> temper tantrums | <input type="checkbox"/> truancy |
| <input type="checkbox"/> sleepwalking | <input type="checkbox"/> rocking | <input type="checkbox"/> shoplifting | <input type="checkbox"/> thumb sucking |
| <input type="checkbox"/> over eating | <input type="checkbox"/> drug abuse | <input type="checkbox"/> nail biting | <input type="checkbox"/> under eating |
| <input type="checkbox"/> alcohol abuse | <input type="checkbox"/> self-induced vomiting | | |

Is the child (check those that apply)

- | | | | | |
|--|---|--|---|-----------------------------------|
| <input type="checkbox"/> aggressive | <input type="checkbox"/> overly sensitive | <input type="checkbox"/> withdrawn | <input type="checkbox"/> distractible | <input type="checkbox"/> fearful |
| <input type="checkbox"/> overly anxious | <input type="checkbox"/> fidgety | <input type="checkbox"/> hyperactive | <input type="checkbox"/> moody | <input type="checkbox"/> immature |
| <input type="checkbox"/> lethargic | <input type="checkbox"/> shy | <input type="checkbox"/> attention seeking | <input type="checkbox"/> defiant of adult authority | |
| <input type="checkbox"/> poorly motivated for learning | | | | |

School History

Did your child attend a preschool? _____ Where? _____

Did the child change schools within the last 3 years? _____ If so, please provide dates and names of school: _____

Has your child had lengthy or excessive absences from school? Yes ___ No ___

If yes, during which grades and for what reasons? _____

Has your child ever repeated a grade? Yes ___ No ___ If so, what grade? _____

Has your child ever received extra assistance during the school day? Yes ___ No ___

Comments: _____

Thank you for taking the time to complete this form. Your time and information are truly appreciated.