

Marshall Public Schools Social History Update



Student Name: _____ D.O.B: _____ Grade: _____

Informant: _____ Relationship to child: _____

Interviewer: _____ Date: _____

I. Family and Home Situation

- a. Describe any changes in the child's living situation since the last evaluation (e.g., change of residence, divorce of parents, remarriage of parent(s), new step-brothers and or step-sisters, birth or death of siblings, death of parent or other significant family member, adoption, foster home placement, ect.)

When did these changes in the living situation occur? _____

How has the child adjusted to the change(s)? _____

- b. Current Family Constellation in Home (List all persons living in the home even if not related).

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

c. Describe the child's relationship with parents, step-parents, and/or guardians. _____

d. What type of discipline do parents or other significant adults use? _____

i. Do adults agree on method of discipline? _____

ii. Does the child have chores and responsibilities at home? _____

iii. How does he/she carry out those responsibilities? _____

II. Health Information

Has your child been hospitalized for a physical illness, injury, or surgery since the last evaluation that may have had an impact on his/her educational performance? _____

If yes, describe. _____

(Obtain release of information to access records)

III. Psychiatric Information

Has the child had any in-patient psychiatric treatment or received out-patient therapy or counseling since the last evaluation? _____

If yes, describe. _____

(Obtain release of information to access records)

IV. Additional Information

Are there any other changes that may be impacting your child's education (e.g., alcohol or substance abuse, behavior concerns outside the school setting ect.). _____

If yes, describe. _____

V. Agency Involvement

Are there any other agencies or organizations currently involved with the child (e.g., K. C. Regional Center, DFS, Court, ect)?) _____

If yes, describe. _____

VI. Developmental History

a. Were there any problems or complications during pregnancy? If so, explain. _____

b. Labor/delivery (complications, full term, premature, birth weight) _____

c. What was the child like as a baby (content, colicky, sleeping or eating problems) _____

d. Developmental Milestones Early Within Normal Range Delayed

Sitting alone	_____	_____	_____
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Crawling	_____	_____	_____
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Walking Alone	_____	_____	_____
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Saying single words	_____	_____	_____
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Saying simple sentences	_____	_____	_____
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Feeding self	_____	_____	_____
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Toilet trained	_____	_____	_____
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e. Handedness Child: _____ Mother: _____ Father: _____

f. Social relationship with adults: _____

g. Social relationship with peers: _____

VII. Medical History

- a. Child's Physician(s): _____
- b. Describe the child's present health and any significant past medical history (e.g., unusual illnesses, operations, high fever, head injury), including medications used and their effects: _____

- c. Check any past or current concerns:

	Current	Past
Frequent falls and/or accidents	_____	_____
Frequent colds, ear infections	_____	_____
Tubes in ear Age _____	_____	_____
Bronchitis and/or respiratory problems	_____	_____
Convulsions, seizures, or tremors	_____	_____
Head banging	_____	_____
Bed-wetting	_____	_____
Eating problems	_____	_____
Meningitis	_____	_____
Asthma	_____	_____
Allergies	_____	_____
Sleeping disorders	_____	_____

- d. List any significant family medical history (e.g., epilepsy, schizophrenia, depression, ect.)
- _____
- _____

VIII. School History

- a. Describe any preschool experiences the child has had. _____

- b. Age when entered kindergarten _____ Describe the child's adjustment to school. _____

- c. Has the child ever been retained? _____ How did he/she react to this? _____

d. Describe the child's current attitude and adjustment toward school. _____

e. Schools the child has attended:

Name of School	City and State	Grade