

**BALD KNOB PUBLIC SCHOOLS
SOCIAL-DEVELOPMENTAL HISTORY**

COMPLETED BY: _____ DATE: ____/____/____

Child's Name: _____ Sex: M ___ F ___

Date of Birth: _____ Age: _____ Social Security Number: _____

Home Address (911): _____
(Street/Route) (City) (State) (Zip)

Mailing Address (If different from above): _____

Home Telephone: _____ Message Number: _____

Name of Child's Doctor: _____

FAMILY HISTORY:

Father's Name: _____ Age: _____ Education: _____

Father's Occupation: _____ Work Phone: _____

Mother's Name: _____ Age: _____ Education: _____

Mother's Occupation: _____ Work Phone: _____

Which parents live in the home? Mother ___ Dad ___ Both ___

Are both parents natural parents of this child? ___ If no, explain _____

Names of brothers and sisters, their sex, and their ages:

List others living in the home (brothers, sisters, grandparents, etc.): _____

List any upsetting events in the home (deaths, accidents, divorce, etc.): _____

MEDICAL/DEVELOPMENTAL HISTORY:

List any unusual conditions during pregnancy or birth (prematurity, caesarean, complications after birth, etc.)? _____

List any serious illnesses, injuries, hospitalizations? _____

Did your child seem slow _____ average _____ quicker than average _____ at walking, talking, coordination?

Any physical disabilities? _____ If yes, explain _____

Is the child currently taking any medication? _____ If yes,

Name of drug(s) _____

For what? _____

Does this child have _____ ear infections, _____ allergies, _____ frequent headaches, _____ seizures, _____ fainting spells?

EDUCATIONAL HISTORY:

Current Grade Placement: _____ Teacher: _____

List other schools attended: _____

Has child repeated a grade? _____ If yes, which one(s): _____

Has child attended remedial class, or special education class? _____ How long? _____

Has the child been a discipline problem at school? _____ If yes, explain _____

My child _____ likes _____ dislikes _____ tries to avoid school.

Relationship to teachers: Bad _____ Average _____ Better than average _____

EDUCATIONAL HISTORY CONTINUED:

Relationship to peers: Bad _____ Average _____ Better than average _____

What problems do you see your child having in school? _____

How have you tried to help your child with these problems? _____

OTHER:

Is your child eligible for Medicaid? _____ Yes _____ No

If your child has Medicaid, list the number _____

Is there any other relevant information you feel should be added?
