

**Initial Social Developmental Study**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
District \_\_\_\_\_ School \_\_\_\_\_ Case Manager \_\_\_\_\_  
Parent/ Guardian(s) \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Vision Screening Date \_\_\_\_\_ pass \_\_\_\_\_ fail \_\_\_\_\_ Hearing Screening Date \_\_\_\_\_ pass \_\_\_\_\_ fail \_\_\_\_\_  
Date of Last Reevaluation \_\_\_\_\_

Reason for Referral \_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

What are your child's current diagnoses?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medications your child takes on a regular basis?  
\_\_\_\_\_  
\_\_\_\_\_

**Developmental Milestones**

At what age did your child: sit alone \_\_\_\_\_ stand alone \_\_\_\_\_ walk \_\_\_\_\_  
speak single words \_\_\_\_\_ speak simple sentences \_\_\_\_\_ become toilet trained \_\_\_\_\_

After completion of toilet training was there:  
Return to daytime wetting \_\_\_\_\_yes \_\_\_\_\_no  
Return to soiling \_\_\_\_\_yes \_\_\_\_\_no  
Bedwetting beyond 3 years of age \_\_\_\_\_yes \_\_\_\_\_no

Child's nature during infancy (content, colic, fearful, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information**

Father/Guardian's Name \_\_\_\_\_ Age \_\_\_\_\_  
Educational History \_\_\_\_\_ Employment \_\_\_\_\_  
Mother/Guardian's Name \_\_\_\_\_ Age \_\_\_\_\_  
Educational History \_\_\_\_\_ Employment \_\_\_\_\_  
Are birth parents living together? \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Deceased \_\_\_\_\_  
Who does the child live with? \_\_\_\_\_  
Does the student have contact with birth parents? \_\_\_\_\_  
Describe family dynamic \_\_\_\_\_

Are there any financial concerns impacting the family at this time? \_\_\_\_\_

Medicaid number \_\_\_\_\_ Free/reduced lunch \_\_\_\_\_

List children in the family, oldest to youngest, and other persons living in the home

Name	Relationship	Date of birth	Grade or Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the child ever lived away from home? \_\_\_\_\_ Explain: \_\_\_\_\_

Sleeping Pattern:

\_\_\_\_ Normal      \_\_\_\_ Restless      \_\_\_\_ Sleep Walks      \_\_\_\_ Talks in sleep  
\_\_\_\_ Nightmares      \_\_\_\_ Number of hours slept per night

Sleeps: \_\_\_\_ Alone      \_\_\_\_ Shares room      \_\_\_\_ Shares bed

Has the student had a life event that may impact his/her school performance (academic, social, or behavior)?

Describe the student's interactions with family members, caregivers, and other children

What does your child like to do during his/her free time?

What form(s) of discipline work best with your child?

Do you feel your child responds appropriately to discipline?

How frequently is discipline necessary?

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**Cultural Background**

Language/mode of communication \_\_\_\_\_

Language(s) spoken in the home \_\_\_\_\_

Ethnic Background \_\_\_\_\_

Number of moves since your child began school \_\_\_\_\_

What languages and/or cultural influences impact the child's life? \_\_\_\_\_

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**School History**

What schools and districts have your child attended? \_\_\_\_\_

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Has your child been retained? \_\_\_\_\_ If so, in what grade(s)? \_\_\_\_\_

How many days of school has your child missed in the last school year? \_\_\_\_\_

What special services has your child received (type, frequency, duration)? \_\_\_\_\_

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**Community Services**

Has your child been assessed or evaluated by any agencies outside of school? \_\_\_\_\_

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List any community services your child has received in the last year. (List name, frequency, and duration of service/program)

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Has a Release of Information been obtained for any contacts outside the school?

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**Adaptive Behavior**

Describe what self-help skills your child can complete independently.

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What are your child's chores and how well does he/she carry them out?

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Describe your child's

Ability to complete tasks and follow directions

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Organization skills

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Communication skills (expression of wants and needs)

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Peer relationships

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**Parent Consultation**

How does your child feel about school?

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Are you concerned about your child's academic and behavioral progress?

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How is the school meeting your child's needs?

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Reporter \_\_\_\_\_ Date \_\_\_\_\_

**Assessment Instruments Administered** (scores/interpretation)

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