Warren County Schools
School Assistance Team

SOCIAL/DEVELOPMENT HISTORY SCREENING FORM

Student's Name ________________________________ School ____________________________
Date of Birth ____/____/______ Age ________ Grade__________________

Information about the Mother	Information about the Father
Name	Name
Age when child was born:	Age when child was born:
Highest grade completed:	Highest grade completed:
Place of Employment:	Place of Employment:
Work Phone:	Work Phone

Child lives with: ☐ Mother ☐ Father ☐ Both Parents ☐ Other ________________________

Others living in the home:

Name	Relationship to Child	Age

PREGNANCY/BIRTH HISTORY

Mother's health during pregnancy: ☐ Good ☐ Fair ☐ Poor
Were there any health problems or complications during the pregnancy or at birth? ☐ YES ☐ NO
If YES, please explain: ____
____
____
____

EARLY CHILDHOOD HISTORY

Indicate the age at which the child:

Sat alone _________________ Crawled ____________
Used first words ____________ Walked_____________
Used short sentences ________ Toilet-trained _________

Did the child attend preschool or daycare prior to entering school? ☐ YES ☐ NO
Did he/she experience any difficulty? ☐ YES ☐ NO If YES, please explain ____________________
____
____

Student's Name ____

MEDICAL HISTORY

Has the child had repeated ear infections? ☐ YES ☐ NO

Has the child had tubes placed in his/her ears? ☐ YES ☐ NO

Has the child had a serious injury or illness which involved:

☐ High Fever ☐ Stitches ☐ Hospitalization ☐ Brain Injury

If any of the above are checked, please describe and include the child's age at the time.

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Does your child take medication on a regular basis? ☐ YES ☐ NO

If YES, please list the medication(s), the dosage and the reason for taking it. _____________________

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BEHAVIORAL AND SOCIAL HISTORY

Please check any of the following that apply to the child

Behavior	**Currently**	**In the Past**
Difficulty with speech	☐	☐
Receives/received speech/language therapy	☐	☐
Poor coordination (clumsy/awkward)	☐	☐
High activity level	☐	☐
Interrupts frequently	☐	☐
Shy/timid	☐	☐
Frequent nightmares	☐	☐
Difficulty sleeping	☐	☐
Bedwetting	☐	☐
Learning problems	☐	☐
Difficulty getting along with same-aged children	☐	☐
Difficulty getting along with adults	☐	☐
Temper tantrums	☐	☐

Does the child currently have any other problems? ☐ YES ☐ NO If YES, describe: _____________

____

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Have any of the following stress events occurred within the last 12 months?

☐ Parents divorce or separation

☐ Death of a family member or close friend

☐ Change in parent job situation

☐ Change in schools

☐ Family accident or severe illness

☐ Death of a pet

☐ Change in child care arrangements

☐ Family moved

☐ Other (explain) ____

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