

Child-Family Social-Health Information 2022-23

Family and Social History

Name of Child:		Date of Birth:	
Mother (or Guardian):			
Father (or Guardian):			
Marital Status of Parents: Married:		Divorced:	
Custody / visiting arrange	ments:		
Siblings			
Name:	Date of Birth:	Grade:	
Name:	Date of Birth:	Grade:	
Name:	Date of Birth:	Grade:	
Other members of the hou	sehold (include relationship and age	e):	
		se state arrangements for child's car	
Does child have room alone? If not, with whom?			
Who has cared for child ot	ner than parents?		
Has child had group play e	xperience? Where	9?	
Does child have neighborh	ood playmates? Specify:		
When and with whom does	s child watch TV?		

Developmental History of Child

Age at which child: Crept on hands and knees: Sat alone:	Walked alone:			
Named simple objects: Repeated short sentences: Slept the	rough the night:			
Began toilet training: Word child uses for: Urination: and Bowel movements:				
Usual time for B.M.: Does child dress self? Undress self?				
Is child left or right-handed? Any dietary restrictions? □Yes □No	Comments:			
What time does child usually eat breakfast? Lunch?	Dinner?			
Any eating problems? □Yes □No Comments:				
What time does child usually go to bed at night? Awaken	?			
Does child sleep well? □Yes □No Comments:				
What are child's favorite indoor play activities?				
Favorite outdoor play activities?				
Does child have any special fears that you are aware of?				
How does your child like to be comforted?				
Does your child have any special needs that we should be aware of?				
What methods of setting limits are used in your home?				
What is your child's usual reaction?				
How would you describe your child's personality?				
What would you like us to know about your child that would help us provide a successful school year?				