



## **Child-Family Social-Health Information 2023-24**

### **Family and Social History**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother (or Guardian): \_\_\_\_\_

Father (or Guardian): \_\_\_\_\_

Marital Status of Parents:

Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Custody / visiting arrangements: \_\_\_\_\_

### **Siblings**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Other members of the household (include relationship and age): \_\_\_\_\_

If both parents are away from home during the morning, please state arrangements for child's care when not at school: \_\_\_\_\_

Does child have room alone? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Who has cared for child other than parents? \_\_\_\_\_

Has child had group play experience? \_\_\_\_\_ Where? \_\_\_\_\_

Does child have neighborhood playmates? Specify: \_\_\_\_\_

When and with whom does 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 through 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?