**Social Developmental Questionnaire**

**Student Information**

Student’s Name:       Date of Birth:

Grade:       Teacher:      School:

Name of Person Completing this Form:

Relationship to the Student:

Today’s Date:

Student’s Current Address, City, Zip:

Months or years at this address:

**Reason for Referral**

Why was the student referred for an assessment?

What are the student’s strengths and weaknesses?

Strengths:

Weaknesses:

What are your primary concerns for the student?

Academically:

Socially:

Emotionally:

**Language**

What language(s) are spoken in the home:

Primary language spoken by the student:

Primary language understood by the student:

If the student is exposed to MORE THAN ONE LANGUAGE, respond to the following:

Language used when the student spoke first word:

Percentage of time the student speaks English, and with whom:

Percentage of time the student speaks an additional language, and with whom:

**Student’s Family Members**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Members** | **Age** | **Living at Home? Yes/No** | **Highest Grade Completed and Field of Study** | **Occupation and Employer** |
| Biological Father’s Name: |  |  |  |  |
| Father’s (Step/Foster) Name: |  |  |  |  |
| Biological Mother’s Name: |  |  |  |  |
| Mother’s (Step/Foster) Name: |  |  |  |  |
| Siblings’ Names: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Others’ Names (living in the home) and Relationship: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List all places (city, state) the student has lived.

1. Birthplace:       Moved at age:      Grade:

2.      Moved at age:      Grade:

3.      Moved at age:      Grade:

4.      Moved at age:      Grade:

5.      Moved at age:      Grade:

The student’s parents/guardians are currently

Married Separated Divorced  Never married.

If separated or divorced, who has ***legal***custody?  Mother  Father  Other

If separated or divorced, how often does the student see the noncustodial parent?

If separated or divorced, how has the student adjusted to the separation/divorce?

Are there other adults who have a ***significant*** part in raising the student?

☐ Yes  No

If so, what is that adult’s name and relationship to the student (e.g., stepparent, grandparent, boy/girlfriend)?

Have there been any significant changes in the home over the last few years (e.g., recent marriages, deaths, births; moves; family separations/divorce; parent dating; parent job changes; money problems; serious illness)?

Did parents or other family members have difficulty in school? ☐ Yes  No

If yes, describe.

Do brothers and/or sisters have difficulty in school?  Yes  No

If yes, describe.

**Student’s Family History**

|  |  |
| --- | --- |
| **Is there a family historyof any the following? (Check all that apply.)** | **Specify the *biological* family member with the history, and then describe the specific problem.** |
| Learning Difficulties |  |
| Speech or Language Problems |  |
| Developmental Disorder (such as Autism) |  |
| Emotional Problems |  |
| Intellectual Disability |  |
| School Failure |  |
| Drug or Alcohol Addiction |  |

**Pregnancy and Birth**

The student’s relationship to you:

Biological child  Adopted child  Foster child  Other:

Mother’s age at birth of the student:

Did mother receive routine medical prenatal care?  Yes  No

Specify any medications used during pregnancy and the reason used:

Describe any injuries, illnesses, or complications during pregnancy that required special treatment:

Pregnancy lasted:      weeks/months

Student’s birth weight:      pounds      ounces

Did student go home from the hospital at the same time as the mother?  Yes  No

If No, explain why.

Check the conditions listed below that best describe the mother’s and student’s health.

|  |  |  |
| --- | --- | --- |
| Mother’s Pregnancy | Student’s Delivery | Student’s Condition at Birth |
| No complications | Normal | Normal |
| Blackouts | Induced labor | Lack of oxygen |
| Falls | C-section | Breathing problem |
| Physical injury | Breech birth | Birth injury/defect |
| Excessive bleeding | Unusually long labor (greater than12 hours) | Jaundice |
| Hypertension | Premature (# of weeks) | Newborn ICU (# of days) |
| Diabetes |
| Emotional stress | Overdue (# of weeks) | Other problem (Specify.) |
| Toxemia |
| Alcohol and/or drug use | Other problem (Specify.) |
| Use of tobacco |

**Developmental Milestones**

Indicate the approximate month the student obtained each skill, if known.

|  |  |  |
| --- | --- | --- |
| **Skill** | **Approximate Month** | **Describe any Concerns** |
| Sat alone |  |  |
| Crawled |  |  |
| Walked alone |  |  |
| Fed self |  |  |
| Dressed self |  |  |
| Started babbling |  |  |
| Spoke first word |  |  |
| Spoke short phrases |  |  |
| Spoke in sentences |  |  |
| Followed simple directions |  |  |
| Fully bladder-trained |  |  |
| Fully bowel-trained |  |  |
| Stayed dry all night |  |  |

**Early Behavior**

During the student’s *first few years of life*, were any of the following behaviors present to a *significant* degree? (Check all that apply.)

|  |  |
| --- | --- |
| Did not enjoy cuddling | Difficulty nursing |
| Not easily calmed by being held or being stroked | Poor eye contact |
| Difficult to comfort | Did not turn toward caregivers |
| Colicky | Did not respond to name |
| Excessive irritability | Did not respond to speech of caregivers |
| Diminished sleep | Fascinated with certain objects |
| Frequent head banging | Constantly into everything |

Describe all checked items.

**Student’s Early Temperament (*Toddler through five years of age*)**

Activity Level: How active was the student during these early ages?

Distractibility: How well was the student able to maintain focus or concentration or pay attention to tasks?

Adaptability: How well was the student able to deal with transition, change, or when denied their own way?

Approach/Withdrawal: How well was the student able to respond to new things (new places, people, food, etc.)?

Intensity: Whether happy/unhappy, how strongly did the student exhibit feelings?

Were others aware of when the student was upset, angry, or disappointed?

Mood: What was the student’s basic mood?

Did the student exhibit frequent or rapid changes in mood or temperament?

Regularity: How predictable were the student’s patterns of activity level, sleep, appetite?

Prior to age six, did the student have more difficulty than other students the same age with any of the following? (Check all that apply.)

|  |  |
| --- | --- |
| Sitting still at mealtime | Staying focused on TV, movies, or video games |
| Paying attention when read to | Waiting for a turn to play |
| Throwing a ball | Knowing left and right |
| Catching a ball | Acting without thinking |
| Buttoning and zipping | Dressing self |
| Holding a crayon or pencil | Tying shoelaces |
| Accidentally dropping things | Accidentally knocking things over |

**Student Health**

Describe the state of the student’s current health:  Excellent  Good  Fair  Poor

Describe any condition or health problem for which the student is currently receiving medical care.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Hospitalizations** | | | |
| **YES** | **NO** | **If Yes, describe the procedure.** | |
|  |  | Surgeries |  |
|  |  | Illnesses |  |
|  |  | Emergency Room Visits |  |
|  |  | Concussions |  |

Is the student currently taking any medication?  Yes  No

If yes, list medications and uses.

Name of current family doctor and/or pediatrician:

Date and reason for most recent visit:

Date of most recent physical:

Date of most recent hearing and vision exams and results:

Has the student ever been identified as having a disability?  Yes  No

If so, by whom, at what age, and what disability?

Has the student ever received psychological counseling?  Yes  No

If so, by whom (professional/agency)? When?

Has the student ever participated in therapy services (i.e., speech, occupational, physical, vision) from a private entity?  Yes  No

If so, by whom (professional/agency)? When?

Has the student ever undergone a psychological or psychiatric examination?

Yes  No

If so, when, why, and where?

Has the student ever participated in educational services from a private entity (e.g., private tutor, Sylvan Learning Center)?  Yes  No

If so, by whom (professional/agency)? When?

Has the student ever participated in an early intervention program?  Yes  No

If so, by whom (professional/agency)? When?

Has the student ever had contact with the Department of Social Services?  Yes  No

If yes, explain the circumstances.

Has the student ever had contact with the Department of Juvenile Justice? Yes No

If yes, explain the circumstances.

| **Has the student had any of the following? Check all that apply.** | **Describe, and provide details, dates, and/or age of onset.** |
| --- | --- |
| Allergies and/or asthma |  |
| Attention Problems |  |
| Behavior problems |  |
| Diabetes |  |
| Emotional problems |  |
| Head Injuries/concussion |  |
| Headaches |  |
| Hearing problems |  |
| Heart problems |  |
| History of ear infections |  |
| Seizures or convulsions |  |
| Serious illnesses |  |
| Skin problems |  |
| Sleep problems, including: |  |
| Bedwetting |  |
| Frequently appearing tired |  |
| Napping often |  |
| Nightmares and/or night terrors |  |
| Sleep talking |  |
| Sleep walking |  |
| Teeth grinding |  |
| Trouble falling asleep |  |
| Trouble staying asleep |  |
| Speech/language delays |  |
| Strep throat |  |
| Tics/Tic Disorder/Tourette’s |  |
| Vision Problems |  |
| Other health problem |  |

**Current Behavior**

Check all behaviors or characteristics that fit the student over the past year.

|  |  |
| --- | --- |
| Fidgets, is easily distracted, has a hard time staying seated, has difficulty waiting for a turn  Talks excessively, interrupts often, doesn’t listen | Often depressed/irritable mood |
| Often loses things; very disorganized, compared to peers |
| Low energy/fatigue | Shy |
| Engages in impulsive behaviors (acts before  thinking) | Feeling of worthlessness or low self-esteem |
| Difficulty initiating tasks | Withdrawn |
| Difficulty completing tasks | Overly anxious or fearful |
| Difficulty following instructions | Sleeping too little/insomnia |
| Poor concentration | Sleeping too much |
| Immature, compared to peers | Difficulty making decisions |
| Engages in physically dangerous activities | Cries easily |
| Often argumentative with adults | Temper tantrums |
| Easily frustrated | Rapid mood changes/mood swings |
| Blames others for own mistakes | Suicidal thoughts |
| Often angry or resentful | Excessive need for reassurance |
| Somatic complaints of not feeling well | Poor appetite |
| Excessive separation difficulties | Overeats |
| Often actively defiant to adult requests and  rules | Explosive temper with minimal provocation |
| Lies | Odd fascinations |
| Unrealistic worry about futures events | Steals |
| Aggressive towards others  Adults  Peers | Substance abuse  Drug  Alcohol  Other |

Explain all checked items:

**Home Behavior**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How often are the following settings a *problem* for the student?** | | | | |
| While getting ready for school | N/A | Rarely | Sometimes | Frequently |
| When eating at the dinner table | N/A | Rarely | Sometimes | Frequently |
| When playing alone | N/A | Rarely | Sometimes | Frequently |
| When playing with siblings or other children | N/A | Rarely | Sometimes | Frequently |
| When with a babysitter | N/A | Rarely | Sometimes | Frequently |
| In public places (church, store) | N/A | Rarely | Sometimes | Frequently |
| When in the car | N/A | Rarely | Sometimes | Frequently |
| When told to do something the student doesn’t want to do | N/A | Rarely | Sometimes | Frequently |
| During sit-down homework time | N/A | Rarely | Sometimes | Frequently |
| When watching TV or playing video games | N/A | Rarely | Sometimes | Frequently |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How does the student get along with family members and other children and adults? | | | | |
|  | Good | Fair | Poor | Comments |
| Father/Stepfather |  |  |  |  |
| Mother/Stepmother |  |  |  |  |
| Brothers/Stepbrothers |  |  |  |  |
| Sisters/Stepsisters |  |  |  |  |
| Other Children |  |  |  |  |
| Other Adults |  |  |  |  |

How would you describe the student’s personality at home?

Which adult would the student prefer to talk with about a problem?

Who is the *family member* with whom the student feels closest?

Who is primarily responsible for discipline at home?

What is the most effective way to deal with the student’s behavior problems at home?

How does the student respond to discipline?

List any responsibilities the student has at home:

Does the student do these regularly?  Yes  No

Does the student need frequent reminders? Yes  No

Student’s bedtime on weekdays:       Wake time on weekdays:

Does the student sleep well?  Yes  No

Bedtime on weekends:      Wake time on weekends:

Does the student sleep well?  Yes  No

How much time does the student typically spend on electronic media?

Watching TV:       hrs/day:

Playing video/computer games:      hrs/day:

Other:      hrs/day:

Have any family members expressed concerns about the student?  Yes  No

Explain:

**Social Behavior**

How would you describe the student’s peer relationships and choice of friends? (How many friends? What age and genders? Is the student shy, outgoing, a leader, a follower? Does the student associate with scholars or troublemakers?)

Does the student have close friends?

Does the student say negative things about self?  Yes  No

If so, what types of things?

What does the student do best?

What does the student enjoy doing the most?

In what sports, hobbies, and extracurricular activities does the student participate?

Does the student exhibit any behaviors that concern you?  Yes  No

If so, please explain:

**Student’s Educational History**

How does the student feel about school?

Is the student motivated to learn?

About how much time does the student spend on homework each night?

How much of a struggle is homework?

Not a struggle  Sometimes a struggle  Often a struggle

Has the student ever received special school services, such as IEP, 504 plan, or gifted/talented?  Yes  No

If so, what services, and when did they begin?

|  |  |  |
| --- | --- | --- |
| **List schools the student has attended, and then describe the student’s academic and/or behavioral performance.** | | |
| Grades | School Attended, City, State | Describe student’s academic and social/emotional/behavioral performance. |
| Preschool/Daycare |  |  |
| Elementary School |  |  |
| Middle School |  |  |
| High School |  |  |

Describe recent contacts the teacher has made to the family concerning school.

Did you know of any school difficulties before this year?

Has the student ever been retained?  Yes  No

If so, at what grade(s)?

Describe any concerns you have about the student’s ability to learn.

Describe any school suspensions or disciplinary actions.

Describe the frequency of the student’s absences from school.

Check off concerns that you have for the student in the school setting.

|  |  |
| --- | --- |
| Staying on topic and getting to the point (gets bogged down in the details) | Difficulty understanding oral directions |
| Appearing to take longer to answer auditory questions |
| Using correct grammar and vocabulary | Problems defining vocabulary. |
| Difficulty retelling a sequence of consecutive actions | Frequently guesses at words |
| Oral reading that is choppy or dysfluent | Inability to finish reading tasks or tests in a reasonable amount of time |
| Comprehending the reading |
| Trouble remembering what was read | Trouble recalling relevant detail from a passage |
| Difficulty providing possible outcomes in a given unfinished story | Difficulty with inference tasks (providing missing elements, elaboration on detail, etc.) |
| Illegible handwriting | Spelling accurately and consistently |
| Demonstrates poor grammatical structure | Expressing ideas in a logical, organized way |
| Proofreading and editing written work | Completing written work |
| Requires excess repetition of math facts for learning | Difficulty retaining instructions for solving math problems |
| Makes careless errors on computations |
| Delayed associations between amounts shown and corresponding number | Using inefficient or ineffective strategies when solving simple math problems |
| Delayed response times on simple calculations | Lack of understanding of concepts underlying use of certain math procedures |
| Fails to identify wildly inaccurate results |
| Makes errors in order of computations applied to a math problem-solving task | Ability to predict procedures based on understanding patterns; knowing when to add, subtract, multiply, divide, or do more advanced computations |
| More anxious when approaching math in context of word problems |
| Completing the math work | Takes excessive time to solve math problems |
| Performing consistently from day to day | Organizing and managing time |
| Learning a foreign language | Self-control/appropriate behaviors |
| Turning in work | Test-taking (time management, self-pacing; following directions; completion) |
| Completing work in a given amount of time |
| Participating in class | Sustaining attention in class |
| Appearing unmotivated | Completing work accurately |
| Does not want to attend school | Taking notes in class |

List supports the student currently receives in the school setting:

What additional information would you like to share about the student?