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# Social Developmental Questionnaire

## Student Information

Student's Name: _____ DOB: _____

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: _____

_____

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**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: | | | | |
| | | | | |
| | | | | |

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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: _____

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. _____

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**Student's Family History**

| Is there a family history of 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. _____

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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 | | |

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**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
☐ Not easily calmed by being held or being stroked
☐ Difficult to comfort
☐ Colicky
☐ Excessive irritability
☐ Diminished sleep
☐ Frequent head banging
☐ Difficulty nursing
☐ Poor eye contact
☐ Did not turn toward caregivers
☐ Did not respond to name
☐ Did not respond to speech of caregivers
☐ Fascinated with certain objects
☐ 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.)? _____

_____

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

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**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? _____

_____

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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 | |

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| Has the student had any of the following? Check all that apply. | Describe, and provide details, dates, and/or age of onset. |
|---|---|
| ☐ 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
☐ Low energy/fatigue
☐ Often actively defiant to adult requests and rules
☐ Difficulty initiating tasks
☐ Difficulty completing tasks
☐ Difficulty following instructions
☐ Easily frustrated
☐ Immature, compared to peers
☐ Engages in physically dangerous activities
☐ Often argumentative with adults
☐ Poor concentration
☐ Blames others for own mistakes
☐ Often angry or resentful
☐ Somatic complaints of not feeling well
☐ Excessive separation difficulties
☐ Often depressed/irritable mood
☐ Often loses things; very disorganized, compared to peers
☐ Shy
☐ Feeling of worthlessness or low self-esteem
☐ Withdrawn
☐ Overly anxious or fearful
☐ Sleeping too little/insomnia
☐ Sleeping too much
☐ Difficulty making decisions
☐ Cries easily
☐ Temper tantrums
☐ Rapid mood changes/mood swings
☐ Suicidal thoughts
☐ Excessive need for reassurance
☐ Poor appetite
☐ Overeats

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- ☐ Engages in impulsive behaviors (acts before thinking)
- ☐ Lies
- ☐ Unrealistic worry about futures events
- ☐ Aggressive towards others
  - ☐ Adults
  - ☐Peers
- ☐ Explosive temper with minimal provocation
- ☐ Odd fascinations
- ☐ Steals
- ☐ 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 | ☐ | ☐ | ☐ | |

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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 _____

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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? _____

_____

_____

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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? _____

_____

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| 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. _____

_____

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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 | |

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| | |
|---|---|
| ☐ 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? _____

_____

_____

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