

Corinth Central School District Social History

Date: _____

Child's Name: _____ Birth Date: _____
Last First Middle

Home Address: _____
Street (Apt #) City State Zip Code

Home Number: _____ Cell Number: _____ Work Number: _____

Present placement of child (please check the appropriate bracket and write name):

Adult(s) with whom the child is living:

- Birth Mother: _____
- Birth Father: _____
- Step-Mother: _____
- Step-Father: _____
- Grandparent(s): _____
- Foster Parent: _____
- Other (Specify): _____

Information - Mother/Female Guardian

Name: _____
Last First

Highest grade completed (circle):
8 9 10 11 12 A.A. B.A. M.A. Other _____

Employer: _____

Employer Address: _____
Street

Employer Phone: _____

City State Zip

Information - Father/Male Guardian

Name: _____
Last First

Highest grade completed (circle):
8 9 10 11 12 A.A. B.A. M.A. Other _____

Employer: _____

Employer Address: _____
Street

Employer Phone: _____

City State Zip

Pregnancy

Complications: _____

Medications Required: _____

Toxemia: _____

Bed Rest Required: _____

Hospitalization Required: _____

Other Illness(es) (specify): _____

Delivery

Type of Labor: _____

Complications: _____

Cord around neck: _____

Cord presented first: _____

Hemorrhage: _____

Infant injured: _____

of days in hospital: _____

Birth weight: _____

Infancy-Toddler Period

Easily calmed by being held and/or stroked: _____

Sleep Patterns: _____

Concerns: _____

Developmental Mile Stones

If you can recall, record the age at which your child reached the following developmental milestones:

Sat without support: _____

Toilet trained (day): _____

Crawled: _____

Toilet trained (night): _____

Walked without assistance: _____

Tied shoelaces: _____

Spoke first words: _____

Spoke in sentences: _____

School

Rate your child's school experiences related to *academic learning and behavior*:

	Good	Average	Poor
Pre-School	_____	_____	_____
Elementary School	_____	_____	_____
Middle School	_____	_____	_____
High School	_____	_____	_____

Home Behavior

All children exhibit, to some degree, the kinds of behavior listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his/her age:

Hyperactivity (high activity level): _____

Poor attention span: _____

Impulsivity (poor self-control): _____

Low frustration tolerance: _____

Temper outbursts: _____

Poor table manners: _____

Interrupts frequently: _____

Doesn't listen when spoke to: _____

Sudden outbursts of physical abuse to other children: _____

Interests, Accomplishments, and Dislikes (please list):

Interests	Accomplishments	Dislikes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peer Relationships

Does your child seek friendships with peers? _____

Is your child sought by peers for friendships? _____

Does your child play primarily with children:

His/her own age: _____ Younger: _____ Older: _____

Medical History

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Operations: _____ Coma: _____

Hospitalizations for illness(es) other than operations: _____

Head injuries: _____ with unconsciousness: _____ without unconsciousness: _____

Convulsions/seizures: _____ with fever: _____ without fever _____

Immunization reactions: _____ Meningitis: _____ Encephalitis: _____

Persistent high fevers: _____ Highest temp ever recorded: _____

Eye problems: _____ Ear problems: _____

Poisoning: _____ Chronic illness: _____

Lyme disease: _____ Concerns about lead levels: _____

Ongoing medications: _____ Mental health (anxiety/depression): _____

Family History

Mother: Age at time of pregnancy: _____ Medical Concerns (specify): _____

Father: Age at time of pregnancy: _____ Medical Concerns (specify): _____

Siblings: Name _____ Age _____ Medical, social or academic problems _____

1.) _____

2.) _____

3.) _____

4.) _____

List Names and addresses of any other professional agencies involved.

1.) _____

2.) _____

3.) _____

4.) _____

Additional Remarks

Please use the remainder of this page to write any additional comments or concerns you may have about your child.

