



South Bend Community School Corporation
Special Education Services

Social And Developmental History
Language and Speech

Date sent home: _____ by: _____

(PARENT/GUARDIAN COMPLETES THIS SECTION)

Student's Name: _____ School: _____ DOB: _____

Address: _____

Male ___ Female ___ Ethnic group: _____

Name of person providing information: _____

Relationship to student: _____

Family Information

Mother's name _____ Age _____ Education _____

Employer _____ Phone: Home _____ Cell: _____

Father's name _____ Age _____ Education _____

Employer _____ Phone: Home _____ Cell: _____

Marital status of parents _____

If parents are separated or divorced, how old was the child when the separation occurred? _____

Is child adopted? Yes ___ No ___ If yes, at what age? _____

Has the child been in foster care? ___yes ___no If yes, when? _____

with whom? _____

List all people living in household

Name	Relationship to Child	Age

Primary language spoken at home _____

Other languages spoken at home _____

Is there a history of speech and/or language problems in the family? Yes ___ No ___

If yes, list family member(s) describe _____

What conditions at home could be influencing your child's communication and achievement in school (i.e., marital problems, conflicts, illness of family members)?

Developmental/Medical History

Does the mother have a history of any medical problems, drug or alcohol abuse, etc.? Yes _____ No _____
If yes, please describe _____

Does the father have a history of any medical problems, drug or alcohol abuse, etc.? Yes _____ No _____
If yes, please describe _____

Were there any problems during pregnancy? Yes _____ No _____
If yes, please describe _____

Was your child premature? Yes _____ No _____ If yes, by how many months? _____

What was your child's birth weight? _____

Were there any birth defects or complications? Yes _____ No _____ If yes, please describe: _____

The following is a list of infant and preschool behaviors. Please indicate the age at which your child first demonstrated each behavior. If you are not certain of the age but have some idea, write the age followed by a question mark. If you don't remember the age at which the behavior occurred, please write a question mark.

<u>Behavior</u>	<u>Age</u>	<u>Behavior</u>	<u>Age</u>
Sat alone	_____	Put several words together	_____
Crawled	_____	Became toilet trained	_____
Walked alone	_____	Spoke first word	_____

Describe your child's early language development:

Does your child have any speech problems? Yes _____ No _____ If yes, describe _____

Did your child previously receive speech/language therapy? Yes _____ No _____
If so, where? _____ for how long? _____

Does your child currently receive speech/language therapy? Yes _____ No _____
If so, where? _____

Were there any special problems in the growth/development of your child during the first few years? Yes
No _____ If yes, describe _____

Please list any serious illnesses, injuries, or surgeries your child has had. Also, note the approximate date (or child's age at the time) _____

Has your child ever been hospitalized? Yes _____ No _____
If yes, length of stay: _____
Reason: _____

Has your child ever experienced seizures? Yes _____ No _____ If yes, describe: _____

Present Health

Child's Physician _____

Does your child presently have any medical problems (illnesses, etc.)? Yes ___ No ___

If yes, describe _____

Diagnosed when? _____

Does your child take any medication on a regular basis? Yes ___ No ___

If yes, please list (include dosage) _____

Does your child have any vision problems? Yes ___ No ___

Does your child have any hearing problems? Yes ___ No ___

Date of last exam _____ Physician/audiologist _____ Results _____

Has the child ever had tubes in his/her ears? Yes ___ No ___ If yes, when? _____

Social History

Is there a history of speech and/or language problems in the family? Yes ___ No ___

If yes, list family member(s) describe _____

Is your child able to communicate needs? Yes ___ No ___

Is your child able to express feelings? Yes ___ No ___

Is your child able to ask for help? Yes ___ No ___

Does your child ask for information to learn new things? Yes ___ No ___

Does your child express his/her opinions? Yes ___ No ___

Does your child use words to give directions to others? Yes ___ No ___

Is your child able to maintain a topic of conversation? Yes ___ No ___

Does your child listen when others are speaking? Yes ___ No ___

Does your child ever have difficulty using language for specific purposes? Yes ___ No ___ If yes, please describe _____

Is your child able to play and get along with other children? Yes ___ No ___

What are the best days/times for you to meet? Days: _____ Times: _____

Phone #: _____

Please return this form and the Parent Consent for Multidisciplinary Evaluation form with your signature to the school speech-language pathologist.