ADE SPED
REQUIRED FORM
JULY-2008
AGES 3-5

SOCIAL HISTORY

Child: _____ Age:_____ Race:_____ ☐ Male ☐ Female

Parent/Guardian:_____ Relation to Child: _____ Date: _____

Circle your choices. If you need more room for comments, please write on back or attach a sheet of paper.

I. Tell us about your child's skills and personality.

1. Is your child's speech understood by others?	Never or Rarely	Sometimes	Most of the time	Always
2. Does your child talk to people other than family?	Never or Rarely	Sometimes	Most of the time	Always
3. Does your child get along with other children?	Never or Rarely	Sometimes	Most of the time	Always
4. Does your child separate from you willingly?	Never or Rarely	Sometimes	Most of the time	Always
5. Does your child have tantrums?	Never or Rarely	Sometimes	Frequently	
6. Are your child's skills behind his age in:	Washing hands	Dressing	Toileting	Eating

7. What are your child's favorite things to play with or do?_____

8. What things frighten your child? _____

9. What things are you most concerned about? _____

II. Tell us about your family.

10. Child lives with: Mother Step mother Father Step Father Grandparent(s) Foster Parents Other Adult(s)

Brother(s) Sister(s) Others_____ Total family members? _____

11. Have any family changes upset your child? ☐ Yes ☐ No

12. Language spoke in home: _____

III. Tell us about your child's development and medical history.

13. Child has had specialized testing in the area of: hearing vision speech motor behavior development

If yes, when and where? _____

Do you have any test reports? ☐ Yes ☐ No If yes, can you provide copies? ☐ Yes ☐ No

14. Child receives (or has received): Speech Therapy Physical Therapy Occupation Therapy

Counseling Play Therapy Early Intervention (below age 3)

If yes, when and where? _____

15. Child wears glasses? ☐ Yes ☐ No If yes, how long? _____ Diagnosis: _____

16. Child wears hearing aides? ☐ Yes ☐ No If yes, how long?_____Diagnosis: _____

17. Child was late in: age weaned sitting alone walking talking

18. Child has a history of: ear infections/tubes allergies food allergies (list) _____

19. Child has a medical condition that effects learning and/or limits participation? ☐ Yes ☐ No

If yes, diagnosis:_____ Medications:_____

20. Describe other significant events related to child's birth, illnesses, accidents, and/or physical development:

_____

_____

_____