

Pendleton School District 16R
Health, Developmental, and Social History
CONFIDENTIAL
For Educational Purposes Only

Student's Name: _____

Parents are: _____ Married _____ Divorced _____ Other (Please Explain) _____

Is there any custodial concerns/parent plan that we should be aware of? _____

DEVELOPMENTAL or EARLY HISTORY:

Did your child meet developmental milestones? _____ walk? _____ talk? _____ toilet trained?

MEDICAL HISTORY and ILLNESS OF STUDENT: (Check those that are true for this child; Star (*) those that are a present concern)

_____ Allergy Known _____ Asthma _____ Color Blindness _____ Concussion _____ Diabetes

_____ Ear Infections (Tubes in Ears? _____) _____ Eye Problems? (Wears Glasses? _____)

_____ Hearing Loss (Hearing Aids? _____)

Does the child have any physical limitation/health problems? _____ No _____ Yes If yes, please describe:

Does this child need special or continuing medical care? _____ No _____ Yes If yes, please describe:

CURRENT GENERAL HEALTH STATUS:

Is child taking any medications? _____ No _____ Yes, for _____

Name of medication: _____ Dosage: _____ Frequency: _____

Is medication needed at school? _____ No _____ Yes

SOCIAL BEHAVIORS:

Favorite Activities: _____ Home Responsibilities _____

Child behavior/response to anger: _____

Fear/Conflicts: _____

Circle all behaviors that apply to your child: *affectionate; shy, friendly, withdrawn, inactive, curious, hyperactive, impulsive or explosive behavior, cries easily, aggressive, prefers to be alone, easily frustrated.*

Additional comments: _____

Attended Preschool? _____ No _____ Yes If yes, how long? _____ Where? _____

Has child been seen by a: _____ Psychologist _____ Psychiatrist _____ Counselor

Dates? _____

Comments: _____

ENVIRONMENTAL FACTORS INFLUENCING EDUCATION PROCESS:

How many times has this child moved in the last two years? _____

Has this child experienced death/divorce within the immediate family? _____

Agencies working with the family: _____

What are your educational concerns for this child? _____

Are there other concerns? _____

Parent/Guardian Signature _____ Date _____