

**FLAGLER COUNTY PUBLIC SCHOOLS
SOCIAL DEVELOPMENTAL HISTORY SUPPLEMENT**

Instructions for the Interviewer: Please complete the questions on this form **WITH** the parent or guardian. This information will enable to school personnel to consider out-of-school factors in determining the child's educational needs. Include any information that the parent/guardian thinks will assist us in understanding their child.

Child's Name: _____	Date of Birth: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____ Grade: _____
Address: _____	Teacher: _____
_____	School: _____
_____	_____

PSYCHO-SOCIAL BEHAVIORS

Behaviors OBSERVED within the past 6 months: (Check all that apply)

	Defiant
	Lies
	Steals
	destructive
	Aggressive
	Cruelty to animals
	Fire setting
	Excessive mood swings
	Temper Tantrums
	Angers easily
	Threatens others
	Chronic rule-breaker
	Bullies others
	Lacks remorse
	Nail biting
	Nightmares
	Excessive crying/fears
	Sleeping/Appetite Problems
	Inhibited/Shy
	Worries
	Poor self-esteem
	Overly dependent
	Physical complaints
	Complains of being bullied
	Disinterested in fun
	Test anxiety
	Avoidance

	Disorganized
	Short attention span
	Forgetful
	Acts without thinking
	Hyperactive
	Restless
	Gives up easily
	Staring episodes
	Avoidance of eye contact
	Resists affection
	Self-injurious behaviors
	Perseverates (difficulty changing topics/activities)
	Independent
	Hard worker/Motivated
	Creative
	Sense of humor
	Honest
	Accepts responsibility
	Self-starter
	Optimistic
	Assertive
	Socializes frequently
	Athletic
	Enjoys leisure activities
	Handles stress well

ADDITIONAL FACTORS FOR CONSIDERATION:

NO	YES	If yes, explain:
		History of abuse or neglect
		Difficulty making or keeping friends
		Difficulty getting along with his or her teacher
		Difficulty getting along with his or her parents
		Difficulty getting along with siblings
		History of criminal behavior
		Has access to guns or other weapons

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NO	YES	If yes, explain:
		History of drug usage
		Fascination with death or violence
		History of suicidal statements or attempts
		Views that are inconsistent with actual events
		Has strange or unrealistic ideas
		Withdraws from others for no apparent reason
		Personal cleanliness has decreased
		Appears restless or mood swings for no apparent reason

UNEVEN DEVELOPMENTAL PROFILE: Does your child display:

NO	YES	
		Joint attention: Will look from an adult to an object or event and back to the adult.
		Limited use of facial expression towards others.
		Difficulty relating to people objects or events: refuses, escapes, or avoids interacting in the environment.
		Extreme difficulty or the inability to make and keep friends.
		Significant vulnerability and safety issues (social naivete).
		A preference to be isolated or play alone.
		Difficulty interpreting others' behaviors and social cues.
		The ability to use items for their intended purpose.
		The ability to imitate others without help.
		The absence or delay of spoken language.
		Limited understanding or use of nonverbal communication skills (gestures, facial expressions, tone).
		Odd speech including tone, pitch, volume, rhythm, rate.
		Speech that echoes back what was heard, makes up language, or repeats exact dialogues heard earlier.
		The ability to follow the arm of a person pointing, all the way to the item being pointed at.
		An unusually dire need to follow rules, rituals or schedules.
		Distress or resistance to changes in activities (expected or unexpected).
		Repetitive hand or body mannerisms.
		The lack of true imaginative play versus reenactment.
		Over or under reaction to sensory stimulation such as sounds, lights, smells, touch or textures.
		Better ability to transition through daily activities when utilizing a predictable daily schedule.

Check forms of discipline used at home which have proven effective with your child:

	Verbal corrections
	Removal of privileges
	Physical discipline
	Ignore

	Time out (isolation)
	Rewards
	Give in to child
	Other (specify)

What is your child's response to discipline? _____

Other important information about your child (attach additional sheets, if necessary) _____

 Signature of person interviewed

 Date

 Interviewer signature

 Date