Onondaga Central School District

Social & Developmental History

Please complete and return as part of your child's evaluation through the Committee on Special Education.

Please Print

Student:	**School:**
DOB:	**Home Address:**
Grade:	**Phone #:**
Completed by:	**Date of Update:**

Please circle those that apply:

Parents: Biological Adoptive Foster Guardian Single Divorced Widowed

_____ Occupation: _____ Resides in home? Y or N
Parent/Guardian

_____ Occupation: _____ Resides in home? Y or N
Parent/Guardian

Other Adults in the home: _____

Other Adults not in the home that are involved with the student: _____

_____

Siblings (please list name/age/school and if they are living at home): _____

_____

Pregnancy/Delivery:
Length of pregnancy: _____ Complications: _____

Delivery: ❑ Cesarean ❑ Vaginal Complications: _____

Care needed for infant following delivery: ❑ NICU How long? _____

Other: _____

Development:

At what age did this child complete the following skills. Please indicate year/month to the best of your recollection. If you are unsure, write WNL to indicate within normal limits.

Age	Activity	Age	Activity	Age	Activity
	Roll Over		Crawl		Respond to Sounds
	Sit Alone		Walk Alone		Single Words
	Stand Alone		Up/Down Stairs		Simple Sentences

Did this child attend preschool? ❑ No ❑ Yes, Where? _____

Latest physical date and completed by: _____ _____

Does the student wear glasses? ❑ No ❑ Yes

Medical information (please list all major medical conditions as well as illness/injury/surgeries):

_____

_____

Does the student have any allergies? ❑ No ❑ Yes, Please list: _____

Diagnoses and Medications: _____

_____

_____

Psychological services/counseling: _____

_____

Student's interests / recreational activities or sports include: _____

_____

_____

What are your child's strengths? _____

_____

Describe the student's friendships and relationships with peers and adults: _____

_____

School/Academic concerns: _____

_____

_____

Social / Emotional / Behavioral Concerns: _____

_____

_____

What does your child need to be successful in school? _____

_____

What are your goals for the future for your child? _____

_____

What are your child's goals in the future? (College, job, living arrangements…etc.) _____

_____

What else would you like the team to know about your child? _____

_____

_____

_____

_____

_____

Parent/Guardian _____ _____

Signature *(Please Print)*

Thank you for your responses to this social history update questionnaire!

Please return to:

Ginger Holleran, Director
Office of Student Services and Special Education
Onondaga Central School District
208 Rockwell Road
Nedrow, NY 13120-1010