## Onondaga Central School District

## **Social History Update**

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

## Please Print

| Student:  DOB:                          |                   |                 | School:         |              |            |                             |
|---|-------------------|-----------------|-----------------|--------------|------------|-----------------------------|
|   |                   |                 | Home Address:   |              |            |                             |
| Grade:                                  |                   |                 | Phone           | #:           |            |                             |
| Completed by:                           |                   |                 | Date of Update: |              |            |                             |
| Please circle those that a              | pply:             |                 |                 |              |            |                             |
| Parents: Biological                     | Adoptive          | Foster G        | uardian         | Single       | Divorce    | ed Widowed                  |
| Occupation Parent/Guardian              |                   |                 | :               |              |            | Resides in home? Y or N     |
|   |                   | Occupation      | :               |              |            | Resides in home? Y or N     |
| Parent/0                                | Guardian          |                 |                 |              |            |                             |
| Other Adults in the ho                  | me:               |                 |                 |              |            |                             |
| Other Adults not in the                 | e home that are   | e involved with | the stud        | lent:        |            |                             |
|   |                   |                 |                 |              |            |                             |
| Latest physical date a                  | nd completed b    | y:              |                 |              |            |                             |
| Medical updates (pleas<br>three years): | se list all major | medical condi   | tions as v      | well as illn | ess/injury | //surgeries within the last |
|   |                   |                 |                 |              |            |                             |
|   |                   |                 |                 |              |            |                             |

| Does the student have any allergies?   No  Yes, Please list:                       |  |  |  |  |
|--|--|--|--|--|
| Diagnosis and Medication:  |  |  |  |  |
|  |  |  |  |  |
| Psychological services/counseling:   |  |  |  |  |
| T Sychological Sci Vices, 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 arrangementsetc.) |  |  |  |  |
|  |  |  |  |  |

| What else would y  | ou like me to know about your child? _                                    |                |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |
|                    |   |                |
|                    |   |                |
|                    |   |                |
|                    |   |                |
|                    |   |                |
| Parent/Guardian    |   |                |
| raienty Guardian _ | Signature   | (Please Print) |
| Please return to:  |   |                |
|                    | Ginger Holleran, Director   |                |
|                    | Office of Student Services and Specia<br>Onondaga Central School District | l Education    |
|                    | 208 Rockwell Road   |                |

Nedrow, NY 13120-1010