

McLEAN COUNTY PUBLIC SCHOOLS
Social/Developmental/Health History Update

Student's Name: _____ Birth Date _____ Grade _____

School _____ Date: _____

Person completing form: _____ Relationship to student: _____

FAMILY INFORMATION

Persons Living in the home: (If more room is needed, list on back.)

Name	Age	Relationship to student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY STATUS:

Biological Parents: Married Divorced Separated Single Widowed

Has this status changed over the **past three years**?: _____

SCHOOL HISTORY

Before beginning Kindergarten, did your child attend: Preschool Day Care Head Start

Has your child changed schools over the past three years? Yes No If yes, for what reason? _____

Has your child repeated a grade? Yes No (If yes, indicate the grade) _____

Has your child been absent from school extensively? Yes No If yes, for what reason: _____

Please check which describes your child's feelings about school:

Likes school Eager/Motivated Fearful/Anxious Dislikes school

Have there been any changes in your child's educational status over the **past three years**? _____

Do you have any concerns about your child's school progress (e.g., academic, social, behavioral)? Yes No

If yes, please describe _____

HEALTH & WELLNESS

The child's overall health is: Good Fair Poor

Does your child have any *medical diagnosis* (physical or mental)? Yes No (*If yes, please list/explain*) _____

Is your child currently taking any medications? Yes No If yes, please list medications and dosages: _____

Any changes in your child's health over the **past three years**? _____

Last Physical Examination: ___/___/___ Results: _____

Last Vision Examination: ___/___/___ Results: _____

HOME & COMMUNITY

How does your child spend time outside of school?

- Reading/Being read to Play outside Using the computer Using the phone
 Spending time with family members or friends Working at a job Doing homework Watching TV
 Playing with toys or non-electronic games Playing video games Other: _____

How are your child's relationships with the following? (Specify good/fair/poor)

Parents: _____ Other Adults: _____ Siblings: _____ Peers: _____

Has your child experienced any of the following stressful events that have impacted the child's academic/social development over the **past three years**?

(Check if applicable)

- Parents divorced or separated Student changed schools Parent changed or lost job
 Family accident or illness Family moved Family financial problems
 Custody change Homelessness
 Death in family _____
 Addition of family member _____
 Other (please describe): _____

Any additional information or comments:

Signature: _____

Date: _____