

NEW STUDENT SOCIAL HISTORY

GENERAL INFORMATION

Student Name		Date of Birth	
School		Grade	
Home Address		Home Phone #	
Person Completing this form		Relationship to Student	

SCHOOL HISTORY

Has the Student ever been diagnosed with a learning disability?				Yes		No	
If yes, what type of learning disability?							
Has the student ever had any of the following supports in school?				Yes		No	
IEP	504 Plan	AIS/Academic Support	Speech/ Language	Counseling	OT	PT	Other

Grade Level	Dates	Name & Address of School	Describe General Experience	Reason for Leaving
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			

HEALTH INFORMATION

Describe Current health				
Is there a history of medical, behavioral or learning challenges?	Yes		No	
If yes, please elaborate:				

FAMILY

Do parents live together?	Yes		No	
If not, what is the visitation schedule if any?				
Parent Name		Parent Name		
Languages spoken in home?				
Brothers and Sisters?				

Sibling Name	Sex M/F	Age	Grade in School or Occupation	Describe Interactions

Please describe interactions between child and other people living in the home

Name	Relationship to student	Describe interactions

OTHER INFLUENCES

Describe any major changes in the child's life in the last year

Family concerns which may be impacting the student's school functioning

STUDENT'S CHARACTERISTICS

Strengths	
Difficulties	
Interests	
Activities	
Friends	
How independent and responsible	
Describe any behavior or other management issues at home	
Other comments?	