Cabarrus County Schools

Parent Questionnaire
Social/Developmental History

Dear Parent:

Please help us to better understand your child. You may choose to supply part or all of the information requested. This information is used for the purpose of identifying educational needs and will be maintained according to Cabarrus County Schools Student Records Policy.

Student: _____ **School:** _____ **Grade:** _____

Form completed by: _____ **Relationship to student:** _____ **Date:** _____

I. Strengths and Concerns:

My child's strengths are: _____

My child enjoys or likes: _____

My main concerns for my child are:

- Academic *(describe)*: _____
- Behavioral *(describe)*: _____
- Social or emotional *(describe)*: _____

II. Medical and Developmental History:

Health of mother during pregnancy: ☐ Good ☐ Fair ☐ Poor *(describe)* _____

Mother's age at child's birth: _____

Child's birth weight: _____

Birth History:

☐ Long and hard labor	☐ Rapid delivery	☐ Head injury
☐ Jaundice	☐ Premature	☐ Oxygen needed
☐ Convulsions	☐ Breathing difficulty	☐ Other *(explain)*

_____

Did your child have delays or problems with:

• Feeding/weaning	☐ No	☐ Yes *(describe)*	_____
• Babbling	☐ No	☐ Yes *(describe)*	_____
• Speaking first word	☐ No	☐ Yes *(describe)*	_____
• Talking in phrases or short sentences	☐ No	☐ Yes *(describe)*	_____
• Walking	☐ No	☐ Yes *(describe)*	_____
• Toilet training (day)	☐ No	☐ Yes *(describe)*	_____
• Toilet training (night)	☐ No	☐ Yes *(describe)*	_____

Medical History:

☐ Asthma/allergy	☐ Heart problems	☐ Seizures
☐ Ear infections/tubes	☐ Headaches	☐ Sleep disturbances
☐ Developmental delays	☐ High fevers	☐ Stomach aches
☐ Frequent illnesses	☐ Hyperactivity	☐ Tics

☐ Other *(explain, e.g. surgery, speech or language problems, etc.)* _____

Medications my child is taking: _____

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III. School History:

Did your child attend: ☐ Private Home ☐ Daycare ☐ Preschool ☐ Head Start

Name of the preschool/daycare	Child's age	Length of time child attended this preschool/daycare

Describe any specific difficulties: _____

Other schools your child has attended:

School name	Child's grade	Length of time at this school

Describe any specific difficulties: _____

Has your child been suspended or expelled? from school ☐ No ☐ Yes from bus ☐ No ☐ Yes *(If yes, please explain)*

Has your child ever been tested for special services? ☐ No ☐ Yes *(If yes, when and where?)*

Has your child ever been in any type of special education program? ☐ No ☐ Yes *(If yes, please explain)*

How does your child feel about school? _____

How does your child usually do homework? _____

How do you feel about your child's educational program? _____

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IV. Behavior Characteristics and Discipline Strategies:

The following behaviors describe my child *(Check all that apply)*:

- ☐ Highly responsible
- ☐ Tries hard to do work
- ☐ Makes good use of time
- ☐ Relates well to others
- ☐ Completes tasks
- ☐ Cooperative
- ☐ Sensitive to others' needs
- ☐ Easily frustrated
- ☐ Fails to finish things
- ☐ Always "up and on the go"
- ☐ "Acts before thinks"
- ☐ Daydreams too much
- ☐ A loner
- ☐ Prefers adult company
- ☐ Uncooperative with children
- ☐ Uncooperative with adults
- ☐ Overly sensitive to criticism
- ☐ Denies mistakes, blames others
- ☐ Demands immediate attention
- ☐ Poor control of anger
- ☐ Talkative or silent

How is your child disciplined at home? *(Check all that apply)*

- ☐ Isolation
- ☐ Time-out
- ☐ Spanking
- ☐ Withholding privileges
- ☐ Stern talking
- ☐ Reasoning/explaining
- ☐ Grounding
- ☐ Other *(describe)* _____

Describe which ways are most effective and why. _____

Who enforces the rules and is responsible for discipline at home? _____

V. Family Members:

Mother's Name: _____ Age: _____ Highest School Grade Completed: _____
Employer: _____ Working Hours: _____ Job: _____

Father's Name: _____ Age: _____ Highest School Grade Completed: _____
Employer: _____ Working Hours: _____ Job: _____

Parents are:

- ☐ Married
- ☐ Separated
- ☐ Divorced — If separated or divorced, who has custody of the child? _____
- ☐ Single
- ☐ Remarried — If remarried, when? Mother _____ Father _____

Please list all people who live in the home with your child:

Name	Relationship	Age

List others who have frequent contact with your child:

_____

_____

Does your child have any difficulties relating to or getting along with the following: *(If yes, please explain)*

- Parents ☐ No ☐ Yes _____
- Brothers/sisters ☐ No ☐ Yes _____
- Other children in your neighborhood ☐ No ☐ Yes _____

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V. Home and Community:

What regular chores or responsibilities does your child perform at home? _____

How well does your child perform these chores or responsibilities? _____

What extracurricular activities does your child participate in? _____

What community activities does your child participate in? _____

Does your child work at a job or a volunteer position? ☐ No ☐ Yes
Name of employer: _____ Working hours: _____ Job: _____

Have there been any significant events in the family that have affected your child (such as a recent move, death in the family, divorce, changes in job or finances, etc)? ☐ No ☐ Yes *(If yes, please explain)*

Is the family receiving services from any community agencies? ☐ No ☐ Yes *(If yes, please explain)*

Please provide any additional information or comments that will help the school understand and work more effectively with your child.

Thank you for providing this information—your input and cooperation are appreciated!