NC Department of Public Instruction
Problem-Solving Model – Optional Social Developmental History

LEA: _____ School: _____

I. Demographic Information:

Student's Name: _____ DOB: _____ Age: _____

Gender: _____ School: _____ Race: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

What are the present concerns of the parent and/or teacher in regards to the student?: _____

_____

II. Family:

Mother's Name: _____ Stepmother? Yes No Highest grade completed: _____

Mother's Occupation: _____ How long at present employer? _____

Employer: _____Work Phone: _____

Father's Name: _____ Stepfather? Yes No Highest grade completed: _____

Father's Occupation: _____ How long at present employer? _____

Employer: _____Work Phone: _____

Has the student always lived with his/her biological parents? Yes No If "no" please explain: _____

_____

If the parents are separated or divorced, how often does the student see the other parent? _____

If the student is not living with his/her biological parents, who has the legal authority to make any decisions regarding the student's education? _____

Please list all brothers and sisters, and any other children or adults living with the family.

Name	Relationship	Age	Education Level

How does the student get along with: (check as appropriate)

	Good	Fair	Poor	Comments
Father/ Stepfather				
Mother/ Stepmother				
Brothers/ Stepbrothers				
Sisters/ Stepsisters				
Other Children				
Other Adults				

Have any relatives had difficulties similar to those the student is experiencing? Yes No If "yes" please explain:

_____

III. Medical History:

At which age did this student first do the following? Please indicate month/year of age.

Turn over		Stand alone		Spoke first words	
Sat Alone		Walk Alone		Show interest in or attraction to sound	
Crawl		Walk up/down stairs		Spoke in sentences	

Has the student ever had any serious illnesses, accidents, or head injuries? Yes No If "yes" please explain:

_____

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Student's Name: _____ DOB: _____

Has the student ever experienced any problems in the following areas?

☐ Walking difficulty ☐ Temper tantrums ☐ Underweight/ Overweight problem
☐ Unclear speech ☐ Failure to thrive ☐ Difficulties learning to ride a bike, skip, throw, or catch
☐ Eating problems ☐ Excessive crying ☐ Difficulties making friends with other children
☐ Sleep problems ☐ Vision problems ☐ Difficulties forming relationships with teachers
☐ Hearing problems ☐ Separating from parents

Please indicate any illnesses/health problems the student has had:

☐ Measles ☐ German Measles ☐ Scarlet Fever ☐ Diphtheria ☐ Dental
☐ Mumps ☐ Tuberculosis ☐ Frequent colds ☐ Loss of consciousness
☐ Seizures ☐ Rheumatic Fever ☐ Any heart condition ☐ Gastrointestinal problems
☐ Anemia ☐ Meningitis ☐ Encephalitis ☐ Fever above 104 degrees
☐ Asthma ☐ Allergies ☐ Verbal and motor tics ☐ Hearing ☐ Vision
☐ Hyperactivity ☐ Gross Motor ☐ Fine motor ☐ Other, please describe:

_____

Has the student ever been on any long term medication? Yes No If "yes", when and what kind?

_____

Is the student presently on any medications? Yes No If "yes", what kind? _____
Has the student ever had psychological counseling or therapy? Yes No If "yes", when and why? _____

_____

Has the student ever had a neurological exam? Yes No If "yes", when and why? _____

_____

Has the student ever had a psychological or psychiatric exam? Yes No If "yes", when and why?

_____

Has the student ever had any contact with the Mental Health Center, Department of Social Services, or the Department of Juvenile Justice? Yes No If "yes", when and why?

_____

IV. Educational Background:

Please indicate whether the student exhibits any of the following behaviors:

☐ Has a short attention span ☐ Has fears ☐ Needs more help with school work than others his/her age
☐ Unhappy most of the time ☐ Seems impulsive ☐ Overreacts when faced with a problem
☐ Requires a lot of attention ☐ Enjoys games ☐ Enjoys activities such as reading, drawing, writing, etc.

Does the student appear to be concerned about his/her present difficulties? Yes No

Please indicate any of the following that the student has experienced in school:

☐ Skipped a grade ☐ Dislikes going to school ☐ Frequent absences from school
☐ Behavior problems ☐ Emotional difficulties ☐ Changed schools several times in school year
☐ Poor grades ☐ Difficulty with Math ☐ Evaluated for special education
☐ Retained ☐ Difficulty with Reading ☐ Difficulty with written expression

Prior to this time, had anyone (physician, teacher, relative, etc.) ever been concerned about the student's ability to learn?
Yes No If "yes", please explain: _____

What are the student's strengths? _____

Signature of person completing this form: _____
Relationship to the student: _____ Date: _____