

## **SOCIAL HISTORY FORM**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Ethnicity/Race: \_\_\_\_\_ Language(s) Spoken: \_\_\_\_\_

School Attending: \_\_\_\_\_ Child's Current Grade in School: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please list the names, gender, ages, and level of education (i.e., high school, college, etc.) of all family members currently residing in your household and their relationship to your child (feel free to use the back).**

Name	Gender	Age	Relationship to Child	Level of Education	Living with Child
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please list any other information that would be important for us to know about your family:**

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### **ADOPTION**

**Is your child adopted?** ☐ Yes ☐ No If yes, at what age was your child adopted? \_\_\_\_\_

☐ Domestic ☐ International (Country: \_\_\_\_\_)

**Does your child know he/she is adopted?** ☐ Yes ☐ No If yes, what does your child know about his/her adoption? \_\_\_\_\_

**Does your child have any contact with his/her birth parent(s)?** ☐ Yes ☐ No

If yes, please describe the nature and extent of the contact: \_\_\_\_\_

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**Have any of the following changes occurred in your child's life? (please check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Parental separation/divorce   | <input type="checkbox"/> Remarriage/new partners    | <input type="checkbox"/> Parent incarcerated      |
| <input type="checkbox"/> Death/loss of a family member   | <input type="checkbox"/> Loss of/new job for parent | <input type="checkbox"/> Birth/Adoption           |
| <input type="checkbox"/> Serious illness (child/family member)   | <input type="checkbox"/> Traumatic experience       | <input type="checkbox"/> Accident                 |
| <input type="checkbox"/> Exposure to <b>and/or</b> experience of abuse <b>and/or</b> neglect (please specify the type(s) of abuse) |   |   |
| <input type="checkbox"/> Sexual abuse, neglect   | <input type="checkbox"/> Physical abuse, neglect    | <input type="checkbox"/> Emotional abuse, neglect |

**Please describe the nature of the change and how it has impacted your child's development and/or behavior:**

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### **COMMUNITY SUPPORTS**

**Is your child currently receiving counseling or psychiatric services?** ☐ Yes ☐ No **If yes, please list:**

Name of provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Do you have any concerns about your child's safety?** ☐ Yes ☐ No **If yes, please explain what has caused you to become concerned:** \_\_\_\_\_

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**Please describe any other concerns you may have about your child's psychological health and well being that would be important for us to know:**

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**Does your child attend school on a daily basis?** ☐ Yes ☐ No **If no, please describe your child's current attendance (i.e., modified day, suspended, expelled, dropped out, GED program, etc.):**

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On average, how many **days per month** is your child absent from school? \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

**In general, what is your child's attitude toward going to school and receiving an education?**

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**Has there been a change in your child's attitude toward attending school?** ☐ Yes ☐ No

**If yes, please describe when and what change(s) you observed:** \_\_\_\_\_

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**Has your child ever repeated a grade?** ☐ Yes ☐ No **If yes, what grade(s)?** \_\_\_\_\_

**Is your child involved in any extracurricular activities at school or in the community?** ☐ Yes ☐ No

**If yes, what activities?**

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**Does your child have a history of disciplinary or behavioral issues at school?** ☐ Yes ☐ No

If yes, please describe the behaviors and what steps have been taken to address these behaviors:

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**Has there been involvement with outside law enforcement or probation for school-related problems (e.g., PINS)?** ☐ Yes ☐ No If yes, please explain:

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**Does your child have any of the following?**

Individualized education plan (IEP) or a 504 plan? ☐ Yes ☐ No

**Is there any other information that would be important for us to know to meet the educational and personal needs of your child?**

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**Name of person completing this form:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_