

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Student Success Team

Developmental History and Family/Home Study (4.0)

_____ Student's Name D.O.B. Grade School Date of interview

_____ Person interviewed/Relationship

Household members living with child

Name	Relationship	Age	If school-age, attends which school?

Family or significant people outside the household

Name	Relationship	Age	If school-age, attends which school?

Developmental history

Length of pregnancy in months _____ Mother's age at child's birth _____ Child's birth weight _____
 Child's place of birth _____ Type of delivery (normal, C-section, etc) _____
 Mother's pre/post-natal health _____
 Complications or unusual circumstances before/during/after birth? _____

Baby's health (first months) _____
 Walked at age _____ First words spoken at age _____
 Did family notice anything special or different about the child's growth and development? _____

Physical Health

Date of last physical exam _____ *Doctor's name and location _____
 Any problems noted? any recommendations? _____
 Date of last vision screening _____ Results _____
 Vision problems? (e.g. failed vision screen, lost glasses) _____
 Date of last hearing screening _____ Results _____
 Problems with hearing? (e.g. ear infections, tubes in ears) _____
 Any ongoing medical problems or concerns? _____

Is the child taking any medication? (prescription, over the counter, or traditional) _____

Accidents? major or ongoing illnesses? hospitalizations? _____

Any physical disabilities now or in past? _____

History of neurological problems ? (e.g. seizures, loss of consciousness) _____

Problems related to eating or sleeping? _____

Problems related toileting? (e.g. bedwetting, etc) _____

Emotional health

Does family have any concerns about the child's behavior and/or emotional health? _____

Describe how any experiences in the child's life, past or present, have affected him/her: _____

Any current or prior diagnosis of mental health problems? _____

Any current or prior counseling or therapy? _____

* Mental health provider or counselor's name _____ Location _____

Speech and language development

Understands and communicates: well _____ adequately _____ poorly _____

Do you and/or others have difficulty understanding your child's speech? _____

Other speech problems? (stuttering, delayed speech) _____

Please give details (at what age did the problem begin? etc.) _____

Motor Development

Any large movement difficulties (walking, running, etc.) _____

Any small movement difficulties (writing, tying shoes, etc.) _____

Has parent noticed any problems (clumsiness, delays in walking, etc.) _____

Social Development and Social Interactions

Has many friends _____ Has some friends _____ Has almost no friends _____ Is isolated _____

Activities at school _____

Activities outside of school (e.g. religious groups, community organizations, etc.) _____

Is your child able to bathe him/herself? _____ dress him/herself? _____ eat on his/her own? _____

Or does your child need help with these daily activities? Who provides this care at home? _____

Does your child help with any housework or chores? _____

How well or poorly does the student get along with other members of the household? _____

What support system(s) is (are) available to the family? (e.g. extended family, neighbors, friends) _____

Does anyone close to the child have physical and/or emotional health problems? _____

Language and Cultural Issues

Language(s) spoken at home _____ Language student prefers _____

How long have child/family lived in the San Francisco area? _____

Prior place(s) child/family lived? _____

Is there anything about your child's cultural or religious life that might affect him/her at school, such as restrictions on certain activities? _____

Other

What are your child's strengths? What do you like about your child? _____

What do you think is the reason for any problems your child may be having at school? _____

Please give us any other information that would give school staff a better understanding of your child:

Signature of parent/guardian

Signature of interviewer

Name/title of interviewer

* NOTE: If medical or mental health providers could provide information to help staff support your child in school, please provide us with a signed consent so that the provider can share that information with us.