

Suwannee County School District  
**SOCIAL/DEVELOPMENTAL HISTORY INTERVIEW**  
**Exceptional Student Education**

**I. Identifying information**

Student's Name: \_\_\_\_\_ Student No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Race: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Current Age: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Last Grade Completed in School: \_\_\_\_\_ Legal Guardian: \_\_\_ Yes \_\_\_ No

Mother's Name: \_\_\_\_\_ Mother's Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Last Grade Completed in School: \_\_\_\_\_ Legal Guardian: \_\_\_ Yes \_\_\_ No

With Whom does Student Live? \_\_\_\_\_

| Other Family Members: | Name | Age | Relationship |
|-----------------------|------|-----|--------------|
|                       |      |     |              |
|                       |      |     |              |
|                       |      |     |              |

**II. Medical Information**

Name of physician: \_\_\_\_\_ Date of last examination: \_\_\_\_\_

Medications Student Takes: \_\_\_\_\_

Description of student's general health: \_\_\_\_\_

**III. Pregnancy**

Check one:  Normal full term  Premature  Overdue

Describe any illnesses of mother during pregnancy: \_\_\_\_\_

Medications of the mother during pregnancy: \_\_\_\_\_ Prescribed Medications: \_\_\_\_\_

Smoking (How many packs): \_\_\_\_\_

Alcohol (How much per day): \_\_\_\_\_

Non-Prescribed Medications: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Baby's Birth Weight: \_\_\_\_\_

Any complications or difficulties about the birth? \_\_\_\_\_

Did the baby have any illnesses immediately after birth? \_\_\_\_\_

**IV. Developmental History**

Age sat up: \_\_\_\_\_ Age walked: \_\_\_\_\_ First Word: \_\_\_\_\_

When did toilet training begin? \_\_\_\_\_ Age toilet trained: \_\_\_\_\_

Any problems with toilet training? \_\_\_\_\_

Any problems learning to walk, or talk? \_\_\_\_\_

Attended pre-kindergarten program?  Yes  No If Yes, Where? \_\_\_\_\_

Attended kindergarten?  Yes  No If Yes, Where? \_\_\_\_\_

Attended other program?  Yes  No If Yes, Where? \_\_\_\_\_

Grades retained \_\_\_\_\_