



Boulder Elementary School

Development and Social History

Student Name: _____

Date of Birth: _____

Gender: _____

Social History

Place of Birth _____

Name of Mother or Guardian _____

Name of Father or Guardian _____

Marital Status of Parents _____

Custody/Visitation Arrangements _____

Telephone _____

Address _____

If child is adopted, list age of adoption: _____ Is child aware of adoption? Y N

Developmental History

List illnesses or diseases during pregnancy: _____

Type of Delivery: Normal Breech Dry Forceps Cesarean

Other Complications: _____

List any problems the child may have had within the first five days:

Does your child sleep well? Y N

What time does your child go to bed at night? _____

What time does your child wake up? _____

Does your child have any special fears? Y N

If yes, please explain _____

How is your child's appetite? _____

Do you have any concerns about any aspect of your child's development? Y N

If yes, please explain: _____

Do you feel your child's speech is clear? Y N Can strangers understand when he or she speaks? Y N

Did this child ever acquire speech and then stop talking? Y N

If yes, please describe: _____

Is any language other than English used in the home? Y N

List illnesses your child has had: _____

Does your child get any of the following illnesses frequently:

Colds Earaches Sore Throat Stomachaches Fevers