
POUGHKEEPSIE CITY SCHOOL DISTRICT

Office of Family and Student Support Services
160 Union Street, Poughkeepsie, N.Y. 12601 (845) 437-3473 FAX (845) 437-3477

*Delivering on the promise of a high-quality education
"Every child. Every day. Every classroom."*

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SOCIAL/DEVELOPMENTAL HISTORY – INITIAL REPORT

CHILD'S NAME: _____ DOB: _____

SCHOOL /GRADE: _____

PREPARED BY: _____ DATE: _____

INFORMANT: _____ RELATIONSHIP: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone#: _____ Phone #: _____

Employment/Mother: _____ Work #: _____

Employment/Father: _____ Work #: _____

CUSTODY/GUARDIANSHIP INFORMATION: _____

FAMILY COMPOSITION:

Sibling's Names: _____ **DOB:** _____ **Where Living:** _____

Adults in household: _____

Other children in household: _____

BIRTH HISTORY:

Place of Birth: _____

Complications during gestation or delivery: _____

Length of Pregnancy: Full Term: _____ Premature: _____

Type of Delivery: _____ NSD /Caesarean _____ Birth Weight: _____

DEVELOPMENTAL MILESTONES:

Age walking: _____ Age toilet trained: _____

Language development: _____

MEDICAL HISTORY:

Serious illnesses: _____

Serious accidents: _____

Operations: _____

Hospitalizations: _____

High fevers: _____

Medical or mental health diagnosis: _____

Convulsions or seizures: _____

Allergies: _____

Enuresis: _____

Sleep problems: _____

Eating problems: _____

Vision: _____ Hearing: _____

Insurance: _____

Name of child's physician: _____

Current medications/medications prescribed for: _____

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PHYSICAL DEVELOPMENT:

Comparative size for age: _____

Mobility: _____

Motor coordination-fine and gross: _____

Activity level: _____

PERSONALITY DEVELOPMENT:

Maturity level: _____

Behavioral problems: _____

Attitude and/or response to authority: _____

Temperament/outlook: _____

Sensitivity, feelings: _____

Interests, hobbies, activities: _____

SOCIAL DEVELOPMENT:

Self-perception: _____

Relationships and interactions (social-emotional), peers, adults, family: _____

EDUCATIONAL HISTORY:

Pre-school: _____

Age entered kindergarten: _____ Repetition of grades: _____

Schools attended: _____

Attitude towards school: _____

Involvement with other agencies: _____

Cultural influences/language spoken in home: _____

Parents' level of education: Mother: _____ Father: _____

Other members of family who have required special help in school: _____

COMMENTS: _____
