

REEVALUATION SOCIAL AND DEVELOPMENTAL HISTORY

(To determine eligibility under a different or additional category this form must be used. For other reevaluations this form is optional)

Student's Name _____ STN _____
 Birthdate _____ Age _____ Sex (circle one): Male Female
 Home Address _____ Phone _____
 School _____ Grade _____
 Person completing this form: (Circle one): Natural Mother, Natural Father, Foster Parent, Stepmother, Stepfather, Adoptive Parent
 or Other (Please explain): _____
 Marital status of biological parents: _____
 If separated or divorced, how old was child at separation _____ at divorce _____
 Who has custody of this child? _____ Does the child have contact with the non-custodial parent? _____
 How often does the non-custodial parent see this child? (Circle one): At least Weekly, Monthly, Few times each Year, or Never
 Is either biological parent deceased? Mother _____ Father _____ If Yes, indicate the year _____
 List all brothers and sisters, or others living with the family and their relationship to the child:

Name	Age	Sex	Relationship to child	Living in home?	Living outside home?

Has the student been involved in any of the following settings? If yes, indicate the dates: Foster Home _____
 Group Home _____ Correctional Facility _____ Psychiatric Facility _____
 Independent Living Situation _____ Other (specify) _____

MEDICAL HISTORY

Is the child currently on any medication at this time? Yes _____ No _____ If yes, list information.

Medication	Dosage	Dispensed at		Diagnosis and Reason for Medication
		Home	School	

List any chronic medical conditions: _____

Please explain the illness or condition and any side effects: _____

Name of child's doctor _____ Address _____

Date of last physician examination _____ Does the physician know of the child's school problems? _____

Physician's comments about school problems: _____

