

SUWANNEE COUNTY SCHOOL DISTRICT



Office of Student Services

1740 Ohio Avenue, South

Live Oak, Florida 32064

386-647-4630



Social/Developmental History Interview Questionnaire

I. Identifying Information:

Student's Name: _____

Student's Race: _____ Current Age: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Student's Home Address: _____

Home Phone Number: _____ Emergency Phone Number: _____

Father's Name: _____ Father's Age: _____ Legal Guardian: ☐ Yes ☐ No

Father's Occupation: _____ Father's Last Grade Completed in School: _____

Mother's Name: _____ Mother's Age: _____ Legal Guardian: ☐ Yes ☐ No

Mother's Occupation: _____ Mother's Last Grade Completed in School: _____

With Whom Does the Student Live? (Name, Age, Relationship) _____

List of Other Family Members Living in Home: (Name, Age, Relationship) _____

II. Medical Information:

Physician's Name: _____ Date of Last Examination: _____

Student Medications: _____

Description of Student's General Health: _____

Head Injury: ☐ Yes ☐ No Hospitalization: ☐ Yes ☐ No

III. Pregnancy:

Check One: ☐ Normal Full Term ☐ Premature ☐ Overdue Place of Birth: _____ Birth Weight: _____

Describe Any Illnesses of Mother During Pregnancy: _____

Any Complications or Difficulties about the Birth? _____

Did the Baby have any Illnesses Immediately After Birth? _____

Mother During Pregnancy: ☐ Took Prescribed Medications _____ ☐ Took Non-prescribed Medications _____

☐ Smoking (#packs): _____ ☐ Alcohol (How much per day): _____ ☐ Unknown

IV. Developmental History:

Age Sat Up: _____ Age Walked: _____ Age First Word: _____ First Word: _____

Age Toilet Training Began? _____ Age Toilet Trained? _____

Any Problems with Toilet Training ☐ Yes ☐ No Any Problems Learning to Walk or Talk? ☐ Yes ☐ No

Attended Pre-Kindergarten? ☐ Yes ☐ No Attended Kindergarten? ☐ Yes ☐ No

Attended Other Program? ☐ Yes ☐ No Retained? (List grade/s) ☐ Yes ☐ No

Parent/Guardian Concerns:

Respondent's Name: _____ Date: _____ Interviewer's Name & Title: _____ Date: _____