

Social History

Child's name: \_\_\_\_\_ Age \_\_\_\_\_

Whom does your child prefer to play with? Circle:      Alone      Other children      Adults

Has your child had any group play experience? Where? \_\_\_\_\_

What responsibility does your child assume in toileting? \_\_\_\_\_

Word child uses for urination \_\_\_\_\_ BM \_\_\_\_\_ Usual time for BM \_\_\_\_\_

Is child right- or left-handed? \_\_\_\_\_

Does the child dress self? \_\_\_\_\_ Undress self? \_\_\_\_\_ Feed self? \_\_\_\_\_

Eating problems \_\_\_\_\_

What time does child usually go to bed at night? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does child sleep well? \_\_\_\_\_ If napping in the afternoon, at what time? \_\_\_\_\_

What are child's favorite indoor play activities? \_\_\_\_\_

Outdoor play activities? \_\_\_\_\_

What types of activities does your child enjoy sharing with family members?

Describe your child's interest in literacy activities (reading, writing and drawing)

Does child have any special fears that you aware of? \_\_\_\_\_

Does child have any other problems that we should be aware of? \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

What is child's usual reaction? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_