

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? _____
