

**DANSVILLE CENTRAL SCHOOLS
SOCIAL HISTORY UPDATE**

Student: _____ Date of birth: _____ Today's date: _____
Student's Ethnic Group: ___ African American, ___ American Indian, ___ Asian, ___ Hispanic,
___ Native Hawaiian/Other Pacific Islander, ___ White
Person Providing Information: _____ relationship: _____
School: _____ grade: _____ teacher: _____
Parent(s): _____
Address: _____
Phone number: _____ (home) _____ (work)
School Psychologist's Signature: _____

Please refer to social history dated _____ for complete information.

Have there been **changes** in the following areas:

Area	Yes/No	Change
------	--------	--------

Personal/Family

Residence _____
Custody _____
Family Composition _____
Parent Education _____
Parent Occupation _____
Parent Employer _____
Involvement with outside agencies/counseling services _____
Other (please specify) _____

Health/medical

Vision _____
Hearing _____
Illnesses _____
Accidents _____
Operations _____
Other (please specify) _____

Who is the Child's physician? _____
Please list current Medications _____

Behavioral changes

With friends _____
With family _____
Fears _____
Attention _____
Temper tantrums _____
Eating changes _____
Sleeping changes _____
Attitude toward school _____

OVER PLEASE

Other (please specify) _____

What do you see as your child's strengths? Weaknesses?

Do you feel that your child's educational program is satisfactory? If not, what changes do you think would be beneficial?

Any additional comments that would help us in working with your child?