

**NORTH CENTRAL KANSAS SPECIAL EDUCATION COOPERATIVE**

**PLEASE RETURN TO BUILDING PRINCIPAL**

TEAM APPROACH - COMPREHENSIVE EVALUATION

Distribution  
Date \_\_\_\_\_

SOCIAL AND MEDICAL HISTORY

Child's Name (first, middle, last): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address, City, ST, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Ethnic (American Indian/Alaska Native, Pacific Islander/Asia ,Black, Hispanic, White): \_\_\_\_\_

Language (Used in the home - English, Spanish, Vietnamese, Non-verbal and non-signing, Manual, Augmentative Communication, Other): \_\_\_\_\_

Education Decision Maker \_\_\_\_\_ (Use number from following explanation: **1.** Parent (means natural parent, adoptive parent or step-parent of child); **2.** Persons acting as parent (guardian, grandparent); **3.** Education Advocate needed; **4.** Student (means a student 18 years of age or older to whom due process rights have not been denied.)

Relationship and name of parent(s) with whom student is living (check appropriate blanks).

\_\_\_\_\_ Father \_\_\_ Stepfather\_\_\_ Foster\_\_\_ Adoptive\_\_\_  
Name

\_\_\_\_\_ Mother \_\_\_ Stepmother\_\_\_ Foster\_\_\_ Adoptive\_\_\_  
Name

Names of brothers/sisters      Full, Half, Step, or Foster      Sex      Age      Living at Home (Yes/No)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Schools Attended: \_\_\_\_\_ Retained \_\_\_\_\_ Grade \_\_\_\_\_

Overall Adjustment has been: Difficult \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_

A. Favorite Activities, Hobbies and Interests:

B. Discuss significant factors of child's relationship with peers:

C. List Social Strengths:

D. Describe Family or Home Situation:

## Social Emotional Interruptions

- A. Separation from natural parents (for example: hospitalization of parent or child, foster care, adoption, divorce, etc.)
  
- B. Child abuse (for example: sexual, emotional, physical, neglect, etc.)
  
- C. Trauma (for example: frequent moves, death of someone close, witness to a death, fire, accident, etc.)
  
- D. Presence of substance abuse by a caretaker (prenatally or at present) Explain.
  
- E. Other family problems that have affected development:

Age at time of this child's birth? Mother \_\_\_\_\_ Father \_\_\_\_\_

Was this a full-term baby? \_\_\_\_\_ If not, explain

Discuss any complications or concern during pregnancy, labor, delivery and of child's health during first few months of life:

How would you describe your child's development in:

Gross motor skills \_\_\_\_\_

Language \_\_\_\_\_

Self-help skills \_\_\_\_\_

Please provide information of:

Injuries \_\_\_\_\_

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Frequent high fevers \_\_\_\_\_

Childhood diseases or illnesses \_\_\_\_\_

Continue information of:

Hospitalizations \_\_\_\_\_

Seizures \_\_\_\_\_

Frequent bed wetting now \_\_\_\_\_

Other known chronic diseases, serious illnesses, or handicapping conditions:

\_\_\_\_\_  
Most current visit to: Doctor \_\_\_\_\_

Dentist: \_\_\_\_\_

Eye care professional: \_\_\_\_\_

Mental Health professional: \_\_\_\_\_

Other health professionals: \_\_\_\_\_

Please feel free to include any additional information that you feel may help us in determining your child's educational needs.

Signature of person completing form: \_\_\_\_\_

\_\_\_\_\_

(Date)

**PLEASE RETURN TO THE SCHOOL**