FOUR RIVERS SPECIAL EDUCATION DISTRICT

**SOCIAL DEVELOPMENTAL STUDY AND PARENT CONSULTATION**

# IDENTIFICATION INFORMATION

Date of Referral\_\_\_\_\_\_\_\_\_ File Number\_\_\_\_\_\_\_\_\_\_ Initial Eval \_\_\_\_\_\_\_\_ Reevaluation \_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_ Age\_\_\_\_\_ Grade\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_

Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been at your current location?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biological Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Biological Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_ Highest Level of Education\_\_\_\_\_\_\_ Age\_\_\_\_ Highest Level of Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Yrs at Current Job \_\_\_Full-time or \_\_\_Part-time \_\_\_\_ Yrs at Current Job \_\_\_\_Full-time or \_\_\_\_Part-time

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Step/Foster/Adoptive Father’s Name Step/Foster/Adoptive Mother’s Name

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Age\_\_\_\_\_ Highest Level of Education\_\_\_\_\_\_\_ Age\_\_\_\_ Highest Level of Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Yrs at Current Job \_\_\_Full-time or \_\_\_Part-time \_\_\_\_ Yrs at Current Job \_\_\_\_Full-time or \_\_\_\_Part-time

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Parent’s marital status: \_\_\_\_ Single \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_ Separated \_\_\_\_ Widowed

Date of Divorce \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Remarriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Child at Divorce \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Child at Remarriage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who has guardianship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who has custody\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of non-custodial parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the non-custodial parent have visitation rights? \_\_\_\_\_\_\_\_\_\_\_ Does the non-custodial parent visit?\_\_\_\_\_\_\_\_\_\_\_

How often does the student visit with the non-custodial parent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is the student coping with the separation/divorce?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling’s Name(s) Age School Name of Custodial Parent(s)

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Is anyone else living in the household?\_\_\_\_ Yes\_\_\_\_ No Please give name and relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does this student get along with siblings and parents?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Language spoken in the home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language used by student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cultural Background (check one)

\_\_\_\_\_\_African American\_\_\_\_\_\_American Indian\_\_\_\_\_\_Asian\_\_\_\_\_\_Caucasian\_\_\_\_\_\_Hispanic\_\_\_\_\_\_Mixed

\_\_\_\_\_\_Other, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Stress \_\_\_\_ Yes \_\_\_\_ No

Check those below which provide your family with assistance.

\_\_\_\_\_\_AFDC \_\_\_\_\_\_Medicaid \_\_\_\_\_\_Link Card \_\_\_\_\_\_SSI \_\_\_\_\_\_Child Support \_\_\_\_\_\_Other

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Does the student get along with teachers?\_\_\_\_\_\_\_\_\_\_\_\_ Does the student get along with peers?\_\_\_\_\_\_\_\_\_\_

Does the student have friendships outside of school? \_\_\_\_\_\_ What age group does the student interact with?\_\_\_\_\_\_\_

Does the student respect adult authority?\_\_\_\_\_\_\_\_\_\_\_\_ Does the student respect school authority?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything currently happening at home which could prevent success in school?\_\_\_\_\_\_ If yes, please explain

(Marriage, Death, Family, Illness, Hospitalization )

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What chores and responsibilities does your child have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible for your child’s discipline?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you control your child’s behavior?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What rewards do you use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Strengths\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Interests\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Talents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL INFORMATION**

List all schools student has attended.

School Grade(s) Grade Placed in Special Education

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

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**STUDENT INTERVIEW**

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# BEHAVIOR AND PERSONALITY FACTORS

Does the student display any of the following behaviors?

\_\_\_\_\_\_Distractibility \_\_\_\_\_\_Suicidal Threats \_\_\_\_\_\_Impulsiveness

\_\_\_\_\_\_Poor Listening Skills \_\_\_\_\_\_Suicidal Tendencies \_\_\_\_\_\_Aggressiveness

\_\_\_\_\_\_Teasing/Bullying \_\_\_\_\_\_Temper Tantrums \_\_\_\_\_\_Eating Problems

\_\_\_\_\_\_Sleep Disturbance \_\_\_\_\_\_Work Avoidance \_\_\_\_\_\_Emotional Outbursts

(Crying)

\_\_\_\_\_\_Enuresis (Bed-Wetting) \_\_\_\_\_\_Unusual Sexual Behavior

\_\_\_\_\_\_ Separation Anxiety

\_\_\_\_\_\_Defiance \_\_\_\_\_\_Mood Swings \_\_\_\_\_\_Cruelty Towards

\_\_\_\_\_\_Lying \_\_\_\_\_\_Perfectionism Animals

\_\_\_\_\_\_Lack of Social Skills \_\_\_\_\_\_Stealing Tendencies \_\_\_\_\_\_Leadership

\_\_\_\_\_\_ Lack of Self Confidence \_\_\_\_\_\_Obsessive Behaviors \_\_\_\_\_\_ Follower

\_\_\_\_\_\_Inability to Follow a Series of

Directions

Details of behavior(s) and personality factor(s) checked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Community Factors**

\_\_\_\_Student has been arrested \_\_\_\_\_ Student is on probation \_\_\_\_ Student is under court supervision

Please indicate any of the following with which the family has had previous involvement:

\_\_\_\_Special Education Programs \_\_\_\_ Advocacy Programs

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

\_\_\_\_Drug or Alcohol Addiction \_\_\_\_Counseling, Psychiatrist, Therapist

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

\_\_\_\_DCFS Placement \_\_\_\_Psychiatrist Hospitalization

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

\_\_\_\_Department of Corrections \_\_\_\_Other

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

\_\_\_\_Big Brother/Big Sister Programs

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

**Parental Concerns**

Does your child feel he/she is having difficulty in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How do you feel about special education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How do you think your child feels about special education?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you as the parent have any concerns for your child with regard to his/her home, school, and/or community environment?

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**Additional Comments**

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# SUMMARY OF DATA/RECOMMENDATIONS

Cultural/Environmental/Economic Background:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent Consultation/Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Updated Information since Parent Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Source/Relationship to Student Signature/Title of Person Collecting Information

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Date of Meeting Date Report Completed