

Capistrano Unified School District  
San Juan Capistrano, California

HEALTH AND DEVELOPMENTAL HISTORY

Dear Parents: We ask your cooperation in our efforts to better understand the educational and learning needs of your child. The information that you provide is an important part of your child's assessment. Please be advised that the assessment team will treat the information in this form as confidential. Please be as accurate in your responding as possible. If you have questions or require assistance to complete this questionnaire, please contact the following person: \_\_\_\_\_ at this phone number \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: (M) \_\_\_\_\_ (F) \_\_\_\_\_

Marital Status of Biological Parents: \_\_\_\_\_ Child lives with: \_\_\_\_\_

Who has legal custody? \_\_\_\_\_ Visitation Schedule: \_\_\_\_\_

**Names and relationships of persons living in the child's home:**

<u>Name</u>	<u>Relationship</u>	<u>Age/Sex</u>	<u>Medical, Social or School Problems?</u>
1. _____	_____	/	_____
2. _____	_____	/	_____
3. _____	_____	/	_____
4. _____	_____	/	_____
5. _____	_____	/	_____

**Names and family members/siblings living outside the home:**

<u>Name</u>	<u>Relationship</u>	<u>Age/Sex</u>	<u>Medical, Social or School Problems?</u>
1. _____	_____	/	_____
2. _____	_____	/	_____
3. _____	_____	/	_____
4. _____	_____	/	_____
5. _____	_____	/	_____

**Mother:** \_\_\_\_\_

Highest Grade completed: \_\_\_\_\_ Learning Problems: \_\_\_\_\_

Additional education/degrees: \_\_\_\_\_ Behavior Problems: \_\_\_\_\_

Occupation: \_\_\_\_\_ Attention Problems: \_\_\_\_\_

**Father:** \_\_\_\_\_

Highest Grade completed: \_\_\_\_\_ Learning Problems: \_\_\_\_\_

Additional education/degrees: \_\_\_\_\_ Behavior Problems: \_\_\_\_\_

Occupation: \_\_\_\_\_ Attention Problems: \_\_\_\_\_

Have any of the child's relatives experienced problems similar to those your child is experiencing? If so, describe:

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

**Events that are producing family stress:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> the loss of their home                 | <input type="checkbox"/> parental separation  | <input type="checkbox"/> the incarceration of a family member          |
| <input type="checkbox"/> the death of a family member           | <input type="checkbox"/> the parent's divorce | <input type="checkbox"/> the loss of employment of a major wage earner |
| <input type="checkbox"/> the serious illness of a family member | <input type="checkbox"/> other _____          |  |