Socio-Cultural Survey
Special Education Services

The following information will assist in determining your child's educational needs and will be treated as confidential. Please complete the questions: however, **you may omit any items that do not seem to apply to your child or that you find objectionable**. Please return this form to your child's team as soon as possible.

DATE FORM COMPLETED

CHILD'S NAME

CHILD'S DATE OF BIRTH

FORM COMPLETED BY

RELATION TO CHILD

FAMILY INFORMATION

Child's Status ◯ Natural ◯ Adopted ◯ Foster

CHILD LIVES WITH

FATHER'S NAME

FATHER'S OCCUPATION

FATHER'S PREFERRED CONTACT NUMBER

☐ I would like text message reminders at this number

MOTHER'S NAME

MOTHER'S OCCUPATION

MOTHER'S PREFERRED CONTACT NUMBER

☐ I would like text message reminders at this number

Siblings/other children in the home: (Check those that reside in home)

☐	CHILD 1 NAME	CHILD 1 AGE	CHILD 1 GRADE
☐	CHILD 2 NAME	CHILD 2 AGE	CHILD 2 GRADE
☐	CHILD 3 NAME	CHILD 3 AGE	CHILD 3 GRADE
☐	CHILD 4 NAME	CHILD 4 AGE	CHILD 4 GRADE
☐	CHILD 5 NAME	CHILD 5 AGE	CHILD 5 GRADE
☐	CHILD 6 NAME	CHILD 6 AGE	CHILD 6 GRADE

Any language other than English spoken in the home? ☐ Yes ☐ No

IF "YES," WHAT LANGUAGE?

ACTIVITIES THAT YOUR FAMILY ENJOYS TOGETHER

RECENT OR PAST CRISIS IN FAMILY

If you were to evaluate what factors may be related to your child's problem, what would you include? Check as many factors as you think are present.

- ☐ Hearing problems
- ☐ Epilepsy/seizures
- ☐ Sibling rivalry
- ☐ Lack of playmates/peers
- ☐ Learning difficulties with reading
- ☐ Sensory problems
- ☐ Short attention span
- ☐ Behavior problems at school
- ☐ Environmental problems
- ☐ Frequent change in schools
- ☐ Nutrition/eating problems
- ☐ Difficulty keeping friends
- ☐ Diagnosis of anxiety/depression
- ☐ Emotional problems
- ☐ Visual problems
- ☐ Stubbornness
- ☐ Poor motor development
- ☐ Learning difficulties with math
- ☐ Difficult to understand
- ☐ Medical problems
- ☐ Intellectual difficulties
- ☐ Inconsistency of caregivers
- ☐ School attendance challenges
- ☐ Family history of learning/school challenges
- ☐ Family history of attention challenges
- ☐ Does not/difficulty walking independently
- ☐ Cerebral palsy
- ☐ Brain injury
- ☐ Feeding problems
- ☐ Communication problems
- ☐ Difficulty with writing
- ☐ Limited vocabulary
- ☐ Behavior problems at home
- ☐ Developmental delay
- ☐ Repetitive actions/motions
- ☐ Sleeping problems

DEVELOPMENTAL HISTORY

Please describe any unusual event or conditions which may have affected this child during pregnancy or during the birth process:

At what age did your child:

SIT ALONE _____ SAY FIRST WORD _____ CRAWL _____

USE SHORT SENTENCES _____ WALK ALONE _____ TOILET TRAINED _____

IF YOUR CHILD HAS DIFFICULTY SPEAKING, WHAT IS THEIR WAY OF COMMUNICATING? _____

WHAT ARE YOUR CHILD'S HOBBIES OR FAVORITE ACTIVITIES? _____

WHAT ARE YOUR CHILD'S STRENGTHS? _____

WHAT HELPS YOUR CHILD BE SUCCESSFUL? _____

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EDUCATIONAL HISTORY

PREVIOUS SCHOOLS ATTENDED

GRADES REPEATED

Check known dates for past or present educational services

☐ PREVIOUS PSYCHOLOGICAL EVALUATIONS

☐ IN-SCHOOL COUNSELING

☐ ATTENDANCE OFFICER REFERRALS

☐ IN-SCHOOL SUSPENSION(S)

☐ OUT OF SCHOOL SUSPENSION(S)

☐ SPECIAL EDUCATION PLACEMENT (SPECIFY)

☐ REMEDIAL PROGRAMS (SPECIFY)

☐ OTHER (I.E. PRIVATE TUTORING)

LIST ANY AGENCIES/CLINICS THAT PROVIDE SERVICES TO STUDENT

Has your child missed a lot of school? ☐ Yes ☐ No

IF YES, DESCRIBE REASON

Is your child ☐ Right-handed ☐ Left-handed ☐ Both ☐ Unsure

PAST MEDICAL HISTORY

Has your child stayed in the hospital overnight? ☐ Yes ☐ No

IF YES, PLEASE GIVE DATE

HOSPITAL

Please explain reason for hospitalization:

Check the following illnesses your child has had:

☐ Measles	☐ Chicken Pox	☐ Heart disease	☐ Diabetes
☐ Frequent colds	☐ Strep throat	☐ Traumatic brain injury	☐ Sustained high fever
☐ Meningitis/encephalitis	☐ Eczema/skin problems	☐ Dehydration	☐ Bronchitis
☐ Bladder/kidney problems	☐ Mumps	☐ Ear infections	☐ Epilepsy
☐ Asthma	☐ Pneumonia	☐ Tonsillitis	☐ Eating/Swallowing Issues

☐ Allergic reaction

PLEASE DESCRIBE

☐ Other

PLEASE EXPLAIN

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Check if your child has had any of the following

- ☐ Serious burn
- ☐ Severe allergic reactions
- ☐ Time on ventilator
- ☐ Near drowning
- ☐ Broken bones
- ☐ Feeding tube
- ☐ Poisoning
- ☐ Auto accident
- ☐ Surgery
- ☐ Tubes in ears
- ☐ Cuts needing doctor's care

Please explain any items listed above:

Current health/medical conditions:

Is your child on a special diet? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN

Does your child have activity limitations? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN

Is your child on any medication at the present time? ☐ Yes ☐ No

IF YES, PLEASE LIST

CHILD'S CURRENT PHYSICIAN(S)

LAST PHYSICAL EXAMINATION DATE

CHILD'S CURRENT DENTIST

LAST DENTAL EXAMINATION DATE

OKLAHOMA Education