

Office of the School Nurse

Social/Family/Medical History
Three Year Review

Dear Parent, The information you provide will help the Medically Related Services Department and School's Case Study Committee in identifying your child's needs.

I. FAMILY INFORMATION

CHILDS'S

_____ Name _____ Grade _____ Birthdate _____

First Language: _____ Number of Years in English Speaking Schools: _____
Language(s) Currently Used at Home: _____

FATHER'S

_____ Name (last, first) _____ Age _____ Occupation _____
Living in home? [] Yes [] No Father's Native Language: _____
Relationship: Biological Father [] Step-Father [] Other []

MOTHER'S

_____ Name (last, first) _____ Age _____ Occupation _____
Living in home? [] Yes [] No Mother's Native Language: _____
Relationship: Biological Mother [] Step-Mother [] Other []

OTHER CHILDREN IN THE HOME

<u>Name (last, first)</u>	<u>Age</u>	<u>Name of School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER PERSONS LIVING IN THE HOME

<u>Name</u>	<u>Age</u>	<u>Name of School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. UPDATE INFORMATION

A. Have there been any changes in the people who live in your home in the last three years? Explain: (e.g., new baby, marriage, illness, death)

B. How many moves has your child made in the last three years? Explain.

C. Have there been periods of extended separation of family members in the last three years? Please explain.

D. Has your child or any family members had any significant illness or medical problem over the last three years?

Please explain: _____

E. Has your child received any additional services from other agencies other than the ones on his/her current IEP in the last three years? _____

F. Have you seen any major changes in your child's attitude, mood, general appearance and/or social adjustment over the last three years? _____

G. Please list any other significant event(s) in your child's life over the past three years (e.g. death of family member or traumatic experience).

H. **Other information or concerns that you would like to share?**

PARENT/GUARDIAN

DATE

THE INFORMATION WAS REVIEWED BY: _____

ON _____.