
Child's Name



SOCIAL/EDUCATIONAL HISTORY

Caregiver/Day Care/School _____

Phone _____ Grade _____

Teacher/Daycare provider concerns?

How does your child interact with others? (shy, outgoing, friendly, aggressive, cooperative) _____

SELF-HELP SKILLS

	Does Independently	Needs Help
Socks/shoes		
Shirt		
Pants		
Tying Shoes		
Brushing Teeth		
Toileting		
Dresses in a timely manner		
Manipulates fasteners		
Uses a spoon		
Uses a fork		
Chews food well		
Swallows food appropriately		
Eats a variety of foods and textures		

Does your child exhibit a hand preference? R _____ L _____

Does your child use scissors? Yes _____ No _____

Does your child frequently change his/her grasp on a pencil/tool? Yes _____ No _____

Does your child have difficulty sitting still? Yes _____ No _____