

<b>The School District of Escambia County</b>	<b>Diagnostic Supplemental Interview of Social, Communication, &amp; Behavioral History</b>
Child's Name:	Date of Interview:
Student Number:	Interviewee (Parent/Guardian):
Grade:	Interviewer:
DOB:	School:

**EARLY DEVELOPMENT AND FAMILY HISTORY**

1. Is there a family history of learning problems or mental health disorders?

No\_\_\_ Yes\_\_\_ (if yes, explain)

2. Were there any problems with the pregnancy or birth of this child?

No\_\_\_ Yes\_\_\_ (if yes, explain)

3. Birth weight? \_\_\_lbs. \_\_\_oz.

4. List any substances used during pregnancy? (Alcohol, tobacco, prescription/nonprescription drugs, etc.)

5. Did your child have delays in crawling, eating, walking, talking, toileting, etc.?

No\_\_\_ Yes\_\_\_ (if yes, please explain)

6. Has your child experienced any significant health problems (asthma, chronic ear infections, diabetes, seizures, vision, hearing, etc.)? No\_\_\_\_ Yes\_\_\_\_ (if yes, explain)
7. Has your child ever been hospitalized? No\_\_\_\_ Yes\_\_\_\_ (if yes, explain)
8. Is your child taking any medication on a regular basis? No\_\_\_\_ Yes\_\_\_\_ (if yes, give name of medication and purpose for taking it)
9. Has your child ever received any psychological testing or counseling?  
No\_\_\_\_Yes\_\_\_\_(if yes, explain include by whom and when)
10. Has your child been diagnosed with any learning or mental health disorders (ADHD, Speech, Language, ODD, OCD, etc.)? No\_\_\_\_Yes\_\_\_\_(if yes, explain include by whom and when)
11. Have there been any changes in your family situation or traumatic events in the past, such as recent divorce, a move, death in the family, remarriage, absence of a parent from the home that you feel have impacted your child?  
No\_\_\_\_Yes\_\_\_\_ (if yes, please explain)

**SOCIAL, COMMUNICATION, AND BEHAVIORAL DEVELOPMENT**

1. Did your child begin to use language by the age of two? No \_\_\_\_ Yes \_\_\_\_

If yes, did they use single words or were they able to communicate using phrases?

2. Does your child communicate feelings/needs through facial/nonverbal expressions? (explain)  
Do they maintain eye contact?

3. Is your child able to engage in turn-taking conversations with others? No \_\_\_\_ Yes \_\_\_\_

4. Is your child able to follow/understand simple directions? No \_\_\_\_ Yes \_\_\_\_

5. Did your child use “common” gestures to get your attention as a young child (eye gaze, shifting eye gaze, pointing, vocalization while pointing, etc.)? Does your child communicate feelings through facial expression (surprised, angry, afraid, amused, etc.)?

6. At the age of 3 or 4, how did your child get your attention? How much effort was required for your child to respond to you when you asked them a question or gave a command?

7. Has your child ever repeated odd phrases or the last word or two of what you say? Was the phrase used appropriately at the right time?

8. Is your child able to recognize emotions in others and show concern when needed?

9. Does your child exhibit any odd mannerisms, repetitive behaviors, or obsessive interests?

\_\_\_ Flapping, Rocking, Spinning, finger flicking, etc.

\_\_\_ Sensitivity to Noise, Touch, Textures, Smell, etc.

\_\_\_ Flat Affect or Monotone Voice

\_\_\_ Ritualistic Behavior such as lining up objects, spinning objects, must follow a rigid routine, etc.

If yes, please describe, including frequency and intensity

10. Does your child play or interact with others or prefer to be alone?

11. Does your child play pretend games or participate in imaginative play?

12. Please list and describe your child's strengths and/or talents.

13. Please include any additional information you would like to share that you believe may be helpful to know about your child that has not already been discussed.