

**SOCIAL HISTORY QUESTIONNAIRE**

**(To be completed by parent/guardian only)**

COMPLETED BY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ NICK NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ CONTACTS/GLASSES \_\_\_\_\_

DOES YOUR CHILD HAVE ANY TATTOOS, MARKS SCARS, ETC.?  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

Street and P.O. Box

City

Zip Code

County \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE/PAGER# \_\_\_\_\_

Father

Cell phone/pager-Mother

Cell phone/pager- Child

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? \_\_\_\_\_

PLEASE LIST ALL INDIVIDUALS PRESENTLY LIVING AT RESIDENCE AND THEIR RELATIONSHIP TO CHILD  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

SCHOOL ATTENDED \_\_\_\_\_ EXPECTED DATE OF GRADUATION \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ SCHOOL COUNSELOR \_\_\_\_\_ IS CHILD INVOLVED IN ANY

SPECIALIZED ACADEMIC PLACEMENT( IEP, LD, SED, ETC.)?  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE SCHOOL PERFORMANCE \_\_\_\_\_

DOES CHILD DO HOMEWORK? \_\_\_\_\_

ARE THERE ANY SCHOOL PROBLEMS? (Disciplinary, Suspensions, Attendance Problems, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

CHILD'S PLACE OF BIRTH \_\_\_\_\_

RAISED BY \_\_\_\_\_

ARE PARENTS DIVORCED? \_\_\_\_\_ DATE OF DIVORCE \_\_\_\_\_ COUNTY/STATE \_\_\_\_\_

IF PARENTS ARE DIVORCED WHO HAS LEGAL CUSTODY OF THE CHILD? \_\_\_\_\_

HAS EITHER PARENT REMARRIED? \_\_\_\_\_

WHICH PARENT DOES CHILD LIVE WITH \_\_\_\_\_

IF NOT LIVING WITH A PARENT, WHAT IS YOUR RELATIONSHIP TO THE CHILD? \_\_\_\_\_

BIOLOGICAL FATHER \_\_\_\_\_ AGE \_\_\_\_\_ EDUCATION LEVEL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

BIOLOGICAL MOTHER \_\_\_\_\_ AGE \_\_\_\_\_ EDUCATION LEVEL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ Phone# \_\_\_\_\_

STEP FATHER \_\_\_\_\_ AGE \_\_\_\_\_ EDUCATION LEVEL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_

STEP MOTHER \_\_\_\_\_ AGE \_\_\_\_\_ EDUCATION LEVEL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_

NUMBER OF BROTHERS \_\_\_\_\_ NUMBER OF SISTERS \_\_\_\_\_

PLEASE LIST NAMES AND AGES OF SIBLINGS:

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

PLEASE DESCRIBE THE CHILD'S RELATIONSHIP WITH PARENT(S)/GUARDIAN AT THE PRESENT TIME

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

PLEASE DESCRIBE THE CHILD'S RELATIONSHIP WITH SIBLINGS AT THE PRESENT TIME

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

**EMPLOYMENT**

CHILD'S PRESENT EMPLOYMENT STATUS

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ UMEMPLOYED \_\_\_\_\_ TEMPORARY \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ TYPE OF WORK \_\_\_\_\_

HOURS PER WEEK OF PRESENT JOB \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CAN CHILD BE CONTACTED AT WORK? \_\_\_\_\_

**MEDICAL HISTORY**

DOCTOR'S NAME AND ADDRESS

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ANY PROBLEMS WITH BIRTH OR DURING PREGNANCY? \_\_\_\_\_

ANY PROBLEMS WITH LEARNING TO WALK? \_\_\_\_\_ TALK? \_\_\_\_\_ MOTOR SKILLS DEVELOPMENT? \_\_\_\_\_

PLEASE EXPLAIN ANY YES ANSWERS

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ANY CHANGES OR EVENTS DURING CHILDHOOD WHICH MAY HAVE INFLUENCED OR AFFECTED CHILD'S BEHAVIOR?

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RATE YOUR CHILD'S PRESENT PHYSICAL HEALTH POOR  FAIR  GOOD  EXCELLENT

IS CHILD CURRENTLY ON MEDICATION? YES  NO  IF YES, LIST MEDICATION \_\_\_\_\_

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IS CHILD CURRENTLY BEING TREATED FOR ANY HEALTH PROBLEMS? YES  NO

IF YES, PLEASE

EXPLAIN \_\_\_\_\_

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ANY PROBLEM YOU WOULD LIKE THE COURT TO BE AWARE OF?

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**PSYCHOLOGICAL/SOCIAL SERVICE**

IS YOUR CHILD CURRENTLY SEEING A COUNSELOR, PSYCHOLOGIST, PSYCHIATRIST, ETC.? \_\_\_\_\_

REASON \_\_\_\_\_

IF YES, WHO IS YOUR CHILD SEEING? \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

HOW LONG HAVE THEY BEEN SEEING THIS INDIVIDUAL? \_\_\_\_\_

PLEASE DESCRIBE ANY PREVIOUS COUNSELING, PSYCHIATRIC, HOSPITALIZATIONS/TREATMENTS, ETC. \_\_\_\_\_

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DOES YOUR CHILD SHOW ANY SIGNS OF BEING DEPRESSED? \_\_\_\_\_

DO YOU HAVE CONCERNS THAT YOUR CHILD MAY BE USING DRUGS AND/OR ALCOHOL? \_\_\_\_\_

HAS CHILD EVER BEEN PHYSICALLY OR SEXUALLY ABUSED? YES  NO

EXPLAIN \_\_\_\_\_

IS THERE A FAMILY HISTORY OF MENTAL ILLNESS? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

**GENERAL INFORMATION**

DOES CHILD/FAMILY CURRENTLY RECEIVE EITHER OF THE FOLLOWING?

CHILD SUPPORT \_\_\_\_\_ IF YES, AMOUNT PER MONTH \_\_\_\_\_

IS CHILD COVERED BY MEDICAL INSURANCE? YES  NO

IF YES, WITH WHAT COMPANY? \_\_\_\_\_

PEERS: NAME THREE OF CHILD'S CLOSEST FRIENDS

CURRENT BOYFRIEND OR GIRLFRIEND \_\_\_\_\_ AGE \_\_\_\_\_

CHILD'S CURFEW ON SCHOOL NIGHTS \_\_\_\_\_ WEEKENDS \_\_\_\_\_

CHILD'S INTERESTS, TALENTS AND/OR HOBBIES \_\_\_\_\_

WHAT DOES CHILD DO WITH HIS/HER FREE TIME?

DOES YOUR CHILD HAVE PRIOR HISTORY OF COURT INVOLVEMENT? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

COUNTY/STATE \_\_\_\_\_

IS THERE ANY OTHER INFORMATION REGARDING THIS CHILD THAT YOU FEEL THE COURT SHOULD BE AWARE OF?