DIVERGENT INSIGHTS

Developmental & Social History

1. CHILD & RESPONDENT INFORMATION

Child's full name

Date of birth

Age

Current grade

School

Parent/guardian completing form

Relationship to child

Preferred phone

Email

Date completed

2. FAMILY & HOUSEHOLD BACKGROUND

Who does your child currently live with?

Please describe any custody or parenting arrangements that may be important for us to understand.

Please describe your family, including important family relationships or family history.

Please list siblings and/or other important people living in the home.

Have there been any significant changes, transitions, losses, moves, or other events in the family? If so, please describe.

3. CULTURAL & LANGUAGE BACKGROUND

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What language(s) are spoken in the home?

What language does your child prefer or feel most comfortable using?

Does your child communicate using other methods (signing, gestures, pictures, or a communication device)?

Are there cultural, family, or community factors important for us to understand when working with your child?

Has your family moved frequently or experienced significant transitions? How have these experiences affected your child?

4. DEVELOPMENTAL & ADAPTIVE FUNCTIONING

How would you describe your child's personality? Include strengths, interests, and areas that may be challenging.

What are your child's greatest strengths?

What responsibilities does your child have at home? How independently do they complete daily routines and tasks?

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How would you describe your child's relationship with parents/caregivers?

When your child has difficulty following expectations or rules, how is this typically handled at home?

5. SOCIAL DEVELOPMENT

How would you describe your child's relationships with siblings or other family members?

How would you describe your child's relationships with peers?

Does your child have close friends? What are their friendships typically like?

What activities, groups, clubs, sports, hobbies, or interests does your child enjoy?

How does your child typically spend free time at home?

Are there any social situations that are especially easy or difficult for your child?

6. EDUCATIONAL HISTORY

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Please list schools your child has attended and any important information about those educational experiences.

What subjects, activities, or types of learning does your child enjoy or do well in?

What school-related tasks or situations are most difficult for your child?

Have there been interruptions in education, school changes, attendance concerns, or other significant transitions?

From your perspective, what concerns led to the current school concern or referral?

7. BEHAVIORAL & EMOTIONAL FUNCTIONING

- [ ] Easily distracted
- [ ] Difficulty sustaining attention
- [ ] Difficulty following directions
- [ ] Temper outbursts
- [ ] Anxiety or special fears
- [ ] Low self-confidence or insecurity
- [ ] Shy, timid, or withdrawn
- [ ] Mood changes
- [ ] Difficulty with peers
- [ ] Aggressive behavior toward others
- [ ] Self-injurious behavior
- [ ] Difficulty regulating emotions
- [ ] Other

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Please describe anything that tends to trigger, worsen, or improve behavioral or emotional concerns.

8. PARENT/GUARDIAN CONCERNS

What concerns you most about your child at this time?

What would you most like others working with your child to understand about them?

Is there anything else you would like to share about your child's development, social functioning, family, culture, or educational experiences?

Thank you for sharing this information.