

Social History Form

Place label here

1. Your name: First name _____ Last name _____

2. What is your relationship with child: Mother Father Other : _____

3. Who lives at home with child?

Relationship to child	Age	Relationship to child	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. What is the highest grade in school mother/guardian completed? _____

5. What is the highest grade in school father/guardian completed? _____

6. Are parents/guardians employed outside the home or in school?

a. Mother No Yes (occupation) _____; _____ Hr/week Shift _____

b. Father No Yes (occupation) _____; _____ Hr/week Shift _____

7. Are child's parents? Married Living together Single Divorced

8. Child's race/ethnicity: Asian
Black
Hispanic
White
Other (specify _____)

9. What language is spoken most often in your home? English Spanish Other (specify _____)

10. Does child go to school?

Not going to school Grade _____
Preschool School Name _____
Regular School Address _____
Receives special education services

11. Is child's mother: underweight
about the right weight
a little overweight
overweight

12. Is child's father: underweight
about the right weight
a little overweight
overweight