



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
SCHOOL SOCIAL WORK AND ATTENDANCE DEPARTMENT**

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**PSYCHOSOCIAL ASSESSMENT
DATA COLLECTION FORM**

**DATE:
STUDENT:
SCHOOL:
ADDRESS:
CITY:
INTERVIEW/
ASSESSMENT:**

**FL. ID/SS#:
BIRTHDATE:
GRADE:
GENDER:
RACE:
PHONE:
SOCIAL WORKER:**

PRESENTING PROBLEM

Referred by: _____ Title: _____

School / Dept: _____ Date: _____

Reason: _____

FAMILY / SOCIAL HISTORY

DEMOGRAPHIC INFORMATION

	Mother	Father	Guardian/Other
Name:	_____	_____	_____
Address:	_____	_____	_____
Telephone:	_____	_____	_____
Age:	_____	_____	_____
Education:	_____	_____	_____
Occupation:	_____	_____	_____
Student Lives with:	_____	_____	_____

Is the student adopted? Yes _____ No _____

SIBLINGS:

Name	Age	Location	School/Occupations	Medical/Social/School Problems
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER PERSON LIVING IN THE HOME:	Relationship	Age	School or Occupation
_____	_____	_____	_____
_____	_____	_____	_____

Parent’s present relationship / living arrangements _____

How long have/were you and the child’s father (mother) married / together? _____

Has the child experienced any parental separation, divorce, death? Y / N When? _____

If separated or divorced, what are the custody arrangements? _____

How often does the other parent see this child? _____

Is the student a product of the 1st, 2nd, etc. marriage? _____

Who is the student’s primary caregiver(s)? _____ Secondary caregivers? _____

Parent’s place of birth: _____ Student’s place of birth: _____

How long has student resided in Broward County? _____ How long at present address? _____

What circumstances brought family to Broward County? _____

Present living arrangements (*circle*): home / apartment / other Renting or buying? _____

Does child have their own room? Y/ N Share? Y/N With whom? _____

Number of moves in child’s life _____ Places / Dates _____

Language spoken in the home: _____ Language spoken to student: _____

Parents’ fluency in English: _____ Parents’ fluency in Native Language: _____

SOCIAL AND FAMILY HISTORY

1. Describe student's family relationships (parents/siblings/other) _____

2. Family Strengths _____

3. Family interests/hobbies _____ Student's interests/hobbies _____

4. Social and/or religious activities _____

5. Community involvement _____

6. Family / student social supports _____

7. Family problems, stresses, traumatic events, domestic violence _____

8. Frequency / hours of T.V. / Video Game / Internet _____

9. Emphasis placed on homework / reading _____ hours spent each day _____

10. What are your child's regular chores? _____

11. On the average, what percentage of time does your child comply with **initial** commands? _____

12. On the average, what percentage of time does your student **eventually** comply with commands? _____

13. Who disciplines the student _____ How and for what reason (s) _____

14. Are your child's friends usually younger? _____ Older? _____ Same age? _____ Adults? _____

15. Describe student's relationships with peers _____

16. Do you have any concerns about your child's friends? _____

MEDICAL / MENTAL HEALTH HISTORY

PRENATAL HISTORY

- 1. Was this child a planned pregnancy? Y / N
- 2. How was your health during pregnancy? Good _____ Fair _____ Poor _____
- 3. How old were you when your child was born? _____ years old
- 4. Did mother use any substances stimulants, or prescription medications during pregnancy? _____

PERINATAL HISTORY

- 5. Did mother receive regular prenatal care? Y / N
 - 6. Were there any health complications during pregnancy? Y / N
 - 7. Duration of pregnancy _____ (months)
 - 8. What was the duration of labor? _____ (hours)
 - 9. Were there indications of fetal stress during labor or during birth? Y / N
 - 10. Method of delivery _____
 - 11. What was the child’s birth weight? _____
 - 12. Were there any health complications following birth? (Mother or child) Y / N
- If yes, specify: _____

Notes: _____

POSTNATAL PERIOD AND INFANCY

- 16. Method of feeding (*circle*): Nursed or Bottle
 - 17. Were there early infancy feeding problems? Y / N _____
 - 18. Was the student colicky? Y / N _____
 - 19. Were there early infancy sleep pattern difficulties? Y / N _____
 - 20. Were there problems with the infant’s responsiveness (alertness)? Y / N _____
 - 21. Did the student have any congenital problems? Y / N _____
 - 22. Did the student experience any health problems during infancy? Y / N _____
 - 23. Was the student an easy baby? Follow a schedule fairly well? Y / N _____
 - 24. Was (s)he an “Insistent” baby? Y / N _____
 - 25. How did the baby behave with other people? (level of sociability)
- More Sociable _____ Average _____ More Unsociable _____
- 26. How would you rate activity level of student as an infant/toddler?
- Very Active _____ Active _____ Average _____ Not active _____

DEVELOPMENTAL MILESTONES

27. At what age did (s)he sit up? 3-6 mos. _____ 7-12 mos. _____ Over 12 mos. _____
28. At what age did (s)he crawl? 6-12 mos. _____ 13-18 mos. _____ Over 18 mos. _____
29. At what age did (s)he walk? Under 1 yr. _____ 1-2 yrs. _____ 2-3 yrs. _____
30. At what age did (s)he speak single words other than “dada” or “mama”?
 9-13 mos. ____ 14-18 mos. ____ 19-24 mos. ____ 25-36 mos. ____ 37-48 mos. ____ Over 4 years _____
31. At what age did (s)he string two or more words together to make simple sentences?
 9-13 mos. ____ 14-18 mos. ____ 19-24 mos. ____ 25-36 mos. ____ 37-48 mos. ____ Over 4 years _____
32. At what age was (s)he toilet trained? (Bladder control)
 Under 1 yr. _____ 1-2 yrs. _____ 2-3 yrs. _____ 3-4 yrs. _____ Over 4 years _____
33. At what age was (s)he toilet trained? (Bowel control)
 Under 1 yr. _____ 1-2 yrs. _____ 2-3 yrs. _____ 3-4 yrs. _____ Over 4 years _____
34. During the first four years, were there any special problems in the following areas?
 Eating _____ Motor Skills _____ Temper Tantrums _____
 Failure to thrive _____ Separation from parents _____
 Excessive crying _____ Sleeping too little or too much _____

MEDICAL HISTORY

35. Has the student exhibited difficulties with any of the following? *(Check yes if any difficulties noted)*

	Y		Y
Seizures	()	Meningitis	()
Epilepsy	()	Hearing	()
High Fevers	()	Vision	()
Ear Infections	()	Speech	()
Headaches	()	Sleeping problems	()
Asthma	()	Bladder Control	()
Diabetes	()	Bowel Control	()
Heart Condition	()	Appetite problems	()

	Y		Y
Head Injury *	()	Weight concerns	()
Accidents	()	Motor coordination	()
Surgery	()	Physical	()
Allergies	()	Other	()

* 36. If there was a head injury; did the child lose consciousness Y / N and/or hospitalized Y / N ?

37. Has the student had problems in the following areas? (Check yes if it was a problem)

	Y		Y
Accident prone	()	Bites nails	()
Sucks thumb	()	Grinds teeth	()
Has tics/twitches	()	Rocks back and forth	()
Bangs head	()	Bowel movements in pants / bed	()
Self-injurious (Cutting, picking)	()		

38. Name of pediatrician _____ Date of last physical _____

39. Any hospitalizations? _____

40. Any medication? Description/dosage/duration/reason _____

41. Are there any health problems with which student may need assistance in school? _____

MENTAL HEALTH HISTORY

42. Has student had a Neurological or Psychiatric? Y / N

Explain/Date _____

43. Does either parent have a history of mental health problems and/or learning disability? Y / N

If yes, _____

44. Any Baker Act hospitalizations? Y / N Date/Reason: _____

45. Has student participated in any counseling? Y / N Date(s): _____

Agency: _____ Outcome: _____

PARENT'S / CAREGIVER'S PERCEPTION OF PROBLEM

(Adapted from the Interview Guide for Functional Assessment)

1. What are the student's strengths, skills, and interests?
2. What are the student's challenges and areas of greatest difficulty?
3. What people, things, and activities does the student like most?
4. What people, things, and activities does the student like least?
5. What are the student's problem behaviors?
How would you describe these behaviors?
Which are the most problematic for you?
How often do these behaviors occur?
6. What do you think causes (motivates) the behavior (why do they do it)?
7. Under what circumstances do these behaviors occur most frequently?
With whom (who)?
In what settings (where)?
What times of day (when)?
8. Can you tell when the student is going to behave this way? How?
9. Do you think there are medical reasons for these behaviors?
Is the student sick, tired, hungry?
10. Are there situations in which the behaviors never or rarely occur? What?
11. Does the student have better and more appropriate ways to:
Deal with difficult situations?
Communicate their wants/needs?
12. What skills is the student lacking that might help their behavior?

13. How do you react /respond to the student's:

Problem behavior?

Positive behavior?

14. Does the student's behavior allow them to get things? If so, what?

15. Does the student's behavior allow them to avoid things? If so, what?

16. What do you think needs to be done to help this student?

17. Which of the following are considered to be a significant problem at the present time? (Y / N)

- | | | | |
|---|-------|--|-------|
| Fidgets | _____ | Difficulty playing quietly | _____ |
| Difficulty remaining seated | _____ | Often talks excessively | _____ |
| Difficulty awaiting turn | _____ | Often interrupts or intrudes on others | _____ |
| Often blurts out answers to questions before they have completed? | _____ | Often does not listen | _____ |
| Difficulty following instructions | _____ | Often loses things | _____ |
| Difficulty sustaining attention | _____ | Often engages in physically dangerous activities | _____ |
| Shifts from one activity to another | _____ | | |

18. When did these problems begin? (Specify age): _____

19. Which of the following are considered to be a significant problem at the present time. (Y / N)

- | | | | |
|--|-------|---|-------|
| Often loses temper | _____ | Is often touchy or easily annoyed by others | _____ |
| Often argues with adults | _____ | Is often angry or resentful | _____ |
| Often actively defies or refuses adult requests or rules | _____ | Is often spiteful, vindictive | _____ |
| Often deliberately does things that annoy other people | _____ | Often swears or uses obscene language | _____ |
| Often blames others for own mistakes | _____ | | |

20. When did these problems begin? (Specify age): _____

21. Which of the following are considered to be a significant problem at the present time? (Y / N)

- | | | | |
|---|-------|---|-------|
| Unrealistic and persistent worry about possible harm to attachment figures | _____ | Persistent avoidance of being alone | _____ |
| Unrealistic and persistent worry that a calamitous event will separate the student from attachment figure | _____ | Repeated nightmares re: separation | _____ |
| Persistent school refusal | _____ | Somatic complaints | _____ |
| Persistent refusal to sleep alone | _____ | Excessive distress in anticipation of separation from attachment figure | _____ |
| | | Excessive distress when separated from home or attachment figures | _____ |

22. When did these problems begin? (Specify age): _____

23. Which of the following are considered to be a significant problem at the present time? (Y / N)

Unrealistic worry about future events _____	Somatic complaints _____
Unrealistic concern about appropriate- ness of past behavior _____	Marked self-consciousness _____
Unrealistic concern about competence _____	Excessive need for reassurance _____
	Marked inability to relax _____

24. When did these problems begin? (Specify age). _____

25. Which of the following are considered to be a significant problem at the present time? (Y / N)

Depressed or irritable mood most of the day, nearly every day _____	Psychomotor agitation or retardation _____
Diminished pleasure in activities _____	Fatigue or loss of energy _____
Decrease or increase in appetite associated with possible failure to make weight gain _____	Feelings of worthlessness or excessive inappropriate guilt _____
Insomnia or hypersomnia nearly every day _____	Diminished ability to concentrate _____
	Suicidal ideation or attempt _____

26. When did these problems begin? (Specify age): _____

27. Which of the following are considered to be a significant problem at the present time? (Y / N)

Depressed or irritable mood for most of the day x 1 yr _____	Low self-esteem _____
Poor appetite or overeating _____	Poor concentration or difficulty making decisions _____
Insomnia or hypersomnia _____	Feelings of hopelessness _____
Low energy or fatigue _____	Never without symptoms for >2 mos. over a 1-yr period _____

28. When did these problems begin? (Specify age): _____

OTHER CONCERNS

29. Has the child exhibited any of the symptoms below? (Y / N)

Stereotyped mannerisms _____	Overacts to touch _____
Odd postures _____	Compulsive rituals _____
Excessive reaction to noise or fails to react to loud noises _____	Motor tics _____
	Vocal tics _____

30. Has the student exhibited any symptoms of thought disturbance, including any of the following: (Y / N)

Loose thinking (e.g. tangential ideas, circumstantial speech) _____	Disoriented, confused, staring, or "spacey" _____
Bizarre ideas (e.g., odd fascinations, delusions, hallucinations) _____	Incoherent speech (mumbles, jargon) _____

31. Has the child exhibited any symptoms of social conduct disturbance, including the following? (Y / N)

Excessive lability w/o reference to environment _____	Unusual fears _____
Explosive temper with minimal provocation _____	Strange aversions _____
Excessive clinging, attachment, or dependence on adults _____	Panic attacks _____
	Excessively constricted or bland affect _____
	Situationally inappropriate emotions _____

32. Has the student exhibited any symptoms of social conduct disturbance, including the following? (Y / N)

- Little or no interest in peers _____
- Significantly indiscreet remarks _____
- Initiates or terminates interactions inappropriately _____
- Qualitatively abnormal social behavior _____
- Excessive reaction to changes in routine _____
- Abnormalities of speech _____
- Self-mutilation _____

33. Has the student exhibited or been a witness to any of the following? (Y / N)

- Setting fires _____
- Witness to abuse _____
- Cruelty to animals _____
- Cruelty to other children _____

STUDENT’S PERCEPTION OF PROBLEM

AFFECT AND MANNER

- Relates appropriately Y / N Too quickly? Y / N Withdrawn? Y / N
- Eye contact (*circle*) Good / Poor Activity level (*circle*) Average / Hyperactive / Depressed
- Anxiety level (*circle*) Average / Very / Little

FAMILY / SOCIAL INFORMATION

1. Interests/Activities _____
2. Relationship with parent (s) / guardian _____
3. Relationship with siblings _____
4. Relationship with peers _____
5. Relationship with teacher (s) _____
6. Student’s educational aspirations _____
7. What does student want to be when they grow up? _____

PROBLEM IDENTIFICATION

(Adapted from Student Functional-Assessment Interview)

8. What is student’s perception of the problem? _____
9. What time of day does problem seem to occur most frequently? _____
10. Why does student feel problem occurs during this/these times? _____
11. What changes could be made so you would have fewer problems? _____
12. What kind rewards would you like to earn for good behavior and/or schoolwork? _____

ACADEMIC AND COMMUNITY INVOLVEMENT

SCHOOL HISTORY

- 1. Did student attend Pre-School? Y / N
- 2. Describe student’s previous school setting (i.e. rural, urban, one-room/heterogeneous) _____

- 4. What level of education does the parent hope this child will complete? _____
- 5. What would parent like this student to be when he/she grows up? _____
- 6. L-panel Checklist:
A06 ___ A07 ___ A12 ___ A14 ___ A15 ___ A17 ___ A20 ___ A23 ___ A24 ___ L27 ___

COMMUNITY INVOLVEMENT

- 7. Department of Juvenile Justice Involved? Y / N Past Activity (specify): _____
Pending Criminal Charges? Y / N Date for these charges _____
Currently on parole or community control? Y / N Hours due? _____ Worker’s Name/# _____
- 8. Any substance abuse violations? Y / N _____

INTERVENTIONS OBTAINED TO DATE

At home: _____

At school: _____

In the community: _____

SOCIAL WORK SUMMARY AND RECOMMENDATIONS