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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Health, Social, and Cultural History**  (To be completed by parent/guardian. Contact district nurse for assistance.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | | | |  | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | |  | | | | | | | | | | | | | Gender: | | | | | | Male  Female | | | |
| School Site: | | | | |  | | | | | | | | | | | | | | | | | | | | Teacher: | | | | |  | | | | | | | | | | | | | | | | | Grade/Track: | | | | | | | |  |
| District of Attendance: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | District of Residence: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Mother: | | |  | | | | | | | | | | | | | | | Age: | | | |  | | | In home? | | | | | Yes  No | | | | | | | | | Occupation: | | | | | | | |  | | | | | | | | |
| Father: | |  | | | | | | | | | | | | | | | | Age: | | | |  | | | In home? | | | | | Yes  No | | | | | | | | | Occupation: | | | | | | | |  | | | | | | | | |
| Home Phone: | | | | | |  | | | | | | | | | | | | Work Phone: | | | | | | |  | | | | | | | | | | | | | | | Other Phone: | | | | | | | |  | | | | | | | |
| Legal Guardian: | | | | | | |  | | | | | | | | | | | | | Relationship to the Child: | | | | | | | | | | |  | | | | | | | | | | | | Contact Phone: | | | | | | | | | | |  | |
| Street Address: | | | | | | |  | | | | | | | | | | | | | | | City: | | |  | | | | | | | | | | | | | | | State: | | |  | | | | | | Zip Code: | | | | | |  |
| Mailing Address: | | | | | | | |  | | | | | | | | | | | | | | City: | | |  | | | | | | | | | | | | | | | State: | | |  | | | | | | Zip Code: | | | | | |  |
| **List Siblings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | | | | | | **Gender** | | | | | | | | | | **Age** | | | | |  | | **School Related Concerns** | | | | | | | | | | | | | | | | | | | |
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| **List Others in Home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | | | | | | **Gender** | | | | | | | | | | **Age** | | | | |  | | **Relationship to Child** | | | | | | | | | | | | | | | | | | | |
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| **SECTION 1: Prenatal, birth, and neonatal history** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother’s age this pregnancy: | | | | | | | | | |  | | | | | | | | | | | | | | | | | Number of months of pregnancy: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **Course of Pregnancy**  *(check all areas that apply)* | | | | | | | | | | | | | | | | | | | | | | | **Birth/Delivery**  (check all areas that apply) | | | | | | | | | | | | **Newborn Condition at Birth**  *(check all areas that apply)* | | | | | | | | | | | | | | | | | | | | |
| Unusual Weight Gain or Loss | | | | | | | | | | | | Drug/Medication | | | | | | | | | | | Vaginal Delivery | | | | | | | | | | | | ICU Care After Delivery | | | | | | | | | | | | | | | Colic | | | | | |
| Nausea/Vomiting | | | | | | | | | | | | Toxemia | | | | | | | | | | | Breech Presentation | | | | | | | | | | | | No. of Days: | | | | | | | |  | | | | | | | Feeding Problem | | | | | |
| Bleeding | | | | | | | | | | | | High Blood Pressure | | | | | | | | | | | C-Section Delivery | | | | | | | | | | | | Discharged with Mother | | | | | | | | | | | | | | | Sucking Problem | | | | | |
| Infections | | | | | | | | | | | | Edema (swelling) | | | | | | | | | | | Anesthesia/Medications | | | | | | | | | | | | Cord Around the Neck | | | | | | | | | | | | | | | Breathing Problem | | | | | |
| Accidents | | | | | | | | | | | | Diabetes | | | | | | | | | | | During Labor/Delivery | | | | | | | | | | | | Blue Baby | | | | | | | | | | | | | | | Constipation | | | | | |
| Tobacco Use | | | | | | | | | | | | Emotional Distress | | | | | | | | | | |  | | | | | | | | | | | | Jaundice | | | | | | | | | | | | | | |  | | | | | |
| Alcohol Use | | | | | | | | | | | | Other: | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **section 2: preschool development *(developmental milestones)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| At what age did the child begin to: | | | | | | | | | | | | | | *Crawl:* | | |  | | | | | | | | *Walk Alone:* | | | | | |  | | | | | | | | | | | *Speak First Words:* | | | | | | | | | | |  | | |
| At what age was the child bladder trained: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | At what age was the child bowel trained: | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **section 3: child’s health history *(CHECK ALL AREAS THAT APPLY)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| High Fever Requiring Hospitalization | | | | | | | | | | | | | | | Eye Problems | | | | | | | | | | | | | | Accidents | | | | | | | | | | | | | | | Elimination Problems, Constipation | | | | | | | | | | | |
| Immunization | | | | | | | | | | | | | | | Asthma | | | | | | | | | | | | | | Diabetes | | | | | | | | | | | | | | | Diarrhea | | | | | | | | | | | |
| Head Injuries/Concussion | | | | | | | | | | | | | | | Pneumonia | | | | | | | | | | | | | | Insulin Dependent Diabetes | | | | | | | | | | | | | | | Bladder Infection | | | | | | | | | | | |
| Seizures/Epilepsy | | | | | | | | | | | | | | | Allergies | | | | | | | | | | | | | | Hypoglycemia | | | | | | | | | | | | | | | Hospitalizations | | | | | | | | | | | |
| Cerebral Palsy | | | | | | | | | | | | | | | Heart Condition | | | | | | | | | | | | | | Obesity | | | | | | | | | | | | | | | Surgeries | | | | | | | | | | | |
| ADD | | | | | | | | | | | | | | | Bleeding Disorder | | | | | | | | | | | | | | Anorexia | | | | | | | | | | | | | | | Cancer | | | | | | | | | | | |
| ADHD | | | | | | | | | | | | | | | Hypertension (high blood pressure) | | | | | | | | | | | | | | Bulimia | | | | | | | | | | | | | | | Wets Pants or Bed | | | | | | | | | | | |
| Ear Infections | | | | | | | | | | | | | | | Physical Limitations | | | | | | | | | | | | | | Feeding Tube | | | | | | | | | | | | | | | Kidney Disease | | | | | | | | | | | |
| Hearing Problems | | | | | | | | | | | | | | | Muscular Dystrophy | | | | | | | | | | | | | | Chronic Stomach Ache | | | | | | | | | | | | | | | Other | | | | | | | | | | | |
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| Date of last physical examination: | | | | | | | | | | | | | |  | | | | | | | | | | Name of current physician: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Current medication(s): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **section 4: family health history *(CHECK ALL AREAS THAT APPLY)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mother’s family:** | | | | | | | | Mental Illness | | | | | | | Epilepsy | | | | | | Diabetes | | | | | | Health Condition | | | | | | | | | | | Cancer | | | | | | Other: | | | | | | |  | | | | |
| **Father’s family:** | | | | | | | | Mental Illness | | | | | | | Epilepsy | | | | | | Diabetes | | | | | | Heart Condition | | | | | | | | | | | Cancer | | | | | | Other: | | | | | | |  | | | | |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **section 5: health insurance coverage** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medi-Cal: | | | |  | | | | | | | | | | | | | | | | | | Health Insurance: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **section 6: current relationships/INTERESTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe the relationship between the child and mother: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe the relationship between the child and father: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe the relationship between the child and his/her siblings: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe the relationship between the child and others of significance: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe the relationship between the child and peers: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate the child’s preferred age group of friends: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe the child’s interaction of family with community: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How many hours of television does the child watch daily? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What is the favorite activity or interest of the child? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What is the most effective method of discipline? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What pleases you most about your child? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 7: HOME AND ENVIRONMENT FACTORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the language spoken in the home? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List family mobility/number of places lived/how long in each: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List occupational history of parents: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List the number of schools the child has attended: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List the grades repeated and reason: *(if any)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe the developmental/educational materials in the home: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List past educational problems of parents: *(if any)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highest grade level of father: | | | | | | | | | | |  | | | | | | | | | | | | | | | Highest grade level of mother: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments/recommendations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| History given by (print name): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | | | | | | | | | |
| **Home visit:** | | | | | | | | **Yes** | | | | | **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |