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Executive Director

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**Intermediate Unit 1**

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☐ Initial

☐ Addendum

Date of Report: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Social Worker: \_\_\_\_\_

### SOCIAL HISTORY ASSESSMENT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (h) \_\_\_\_\_

(w) \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Placement: \_\_\_\_\_

Interview Date(s): \_\_\_\_\_

Informant(s): \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR REFERRAL: (Included is who is making the referral and why the referral is being made.)**

**EDUCATION: (The following areas will be addressed in this section if they pertain to the educational adjustment of the student.)**

- age
- history of early intervention programs
- preschool
- school history
- grade
- retention
- attendance
- suspensions
- specialized services (SAP)
- grades
- special education services
- other related services
- transportation
- teacher/adult/peer relationships
- behavior
- behavior scales
- other information if indicated

**FAMILY: (The following areas will be addressed in this section if they are relevant to the educational adjustment of the student.)**

- family composition and history
- household members - names, ages
- household members - occupations, relationships
- abuse issues
- neglect issues
- substance abuse
- mental health issues
- sexual abuse
- domestic violence
- animal abuse
- fire setting
- bed wetting/enuresis
- psychosocial stressors
- criminal involvement
- child/parent relationships
- siblings
- extended family
- significant others
- other household members
- traumatic events
- income
- death
- family health history
- other information if indicated

**DEVELOPMENT AND PHYSICAL HEALTH: (The following areas will be addressed in this section if they are relevant to the educational adjustment of the student.)**

- prenatal history
- developmental milestones
- motor skills
- health history
- eat/sleep disorders
- accidents
- hospitalizations
- corrective lens, hearing aid, etc.
- stressors
- trauma
- substance abuse
- hygiene
- past and current physical health
- immunizations
- other information if indicated

**COMMUNITY RESOURCES/ACTIVITIES: (The following areas will be addressed in this section if they are relevant to the educational adjustment of the student.)**

- psychiatric hospitalizations
- out patient treatment
- wrap around services
- medications
- Children and Youth services
- Juvenile Probation Office services
- other agency involvement
- clubs and activities
- interests and hobbies
- participation and/or cooperation with agencies
- other information if indicated

**SUMMARY: (optional)**

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Signature / Title

**Revised 6/19/09**