

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT**  
**Student Success Team**  
**Developmental And Family/Home Study (4.0)**

\_\_\_\_\_  
 Date of Interview

\_\_\_\_\_  
 Person interviewed/Relationship

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 School

\_\_\_\_\_  
 Grade

\_\_\_\_\_  
 Date of Last Physical

\_\_\_\_\_  
 Doctor's Name

**Members within Household:**

Name	Relationship	Age	Occupation	How long in the U.S.?

**Family Members Outside of Household:**

Name	Relationship	Age	Occupation	How long in the U.S.?

Language(s) spoken at home \_\_\_\_\_ Language student prefers \_\_\_\_\_

Length of Pregnancy \_\_\_\_\_ Mother's Age At Birth \_\_\_\_\_ Birth Weight \_\_\_\_\_

Mother's Pre/Post-Natal Health \_\_\_\_\_ Complications before/during/after birth? \_\_\_\_\_

—

Indicate below: X = Ongoing or Age it occurred. Explain in detail.

Baby's Health (first months) \_\_\_\_\_ Walked at

Age \_\_\_\_\_

Age First Words Spoken \_\_\_\_\_

Health Problems:

Fatigue \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Seizures \_\_\_\_\_ Accidents \_\_\_\_\_ Illnesses \_\_\_\_\_

Medication \_\_\_\_\_ Hospitalizations \_\_\_\_\_ Nervous Habits \_\_\_\_\_

Ear Infections \_\_\_\_\_ Tubes in Ears \_\_\_\_\_ Wax in Ears \_\_\_\_\_

Sleep disturbances \_\_\_\_\_ Weight Problem \_\_\_\_\_ Toilet Problem \_\_\_\_\_

Explain: \_\_\_\_\_

Parental concerns \_\_\_\_\_

(Additional sheets can be attached to complete descriptive information)

Indicate below: X = Ongoing or Age it occurred. Explain in detail.

Speech/Language Development: Stutters \_\_\_\_\_ Hoarseness \_\_\_\_\_

Speaks Clearly \_\_\_\_\_ Mumbles \_\_\_\_\_ Speaks very softly \_\_\_\_\_

SST 4.0

Revised 8/00

Talks: A lot \_\_\_\_\_ A Little \_\_\_\_\_ Seldom or not at all \_\_\_\_\_  
Understands and Communicates: Well \_\_\_\_\_ Adequately \_\_\_\_\_ Poorly \_\_\_\_\_

Explain in detail: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Motor Development: Good at Sports \_\_\_\_\_ Trips over own feet \_\_\_\_\_  
Walks on Tip Toes \_\_\_\_\_ Clumsy \_\_\_\_\_ Normal Walk \_\_\_\_\_  
Dresses self \_\_\_\_\_ Baths Self \_\_\_\_\_ Ties Shoes \_\_\_\_\_  
Does student need to wear glasses? \_\_\_\_\_ Hearing aid? \_\_\_\_\_ Uses it? \_\_\_\_\_  
Test Date: \_\_\_\_\_ Vision \_\_\_\_\_ Results: \_\_\_\_\_

Does Student need preferential seating? \_\_\_\_\_ Reason \_\_\_\_\_  
Activities Outside of School (Boy Scout, Soccer Team, Church, etc.) \_\_\_\_\_  
\_\_\_\_\_

Has many friends \_\_\_\_\_ No friends \_\_\_\_\_ Prefers to be alone \_\_\_\_\_  
Student's self-care and responsibilities as seen by parents. How was/is child different from siblings or other children you know:  
\_\_\_\_\_

—  
Are there any cultural concerns impacting your child which you would like the school to know about?  
\_\_\_\_\_

—  
What support system is available to the family and child? (i.e. extended family, church, organizations)  
\_\_\_\_\_

—  
Describe how any experiences in the child's life, past or present, have affected him/her deeply.  
\_\_\_\_\_

—  
How have you taught the student new things? (i.e. ride a bike, cook, play ball, reading)  
\_\_\_\_\_

—  
What have been your experiences in teaching your child at home? \_\_\_\_\_  
\_\_\_\_\_

—  
Describe caregiver's view of students school problems \_\_\_\_\_  
\_\_\_\_\_

—  
Student's Strengths \_\_\_\_\_  
\_\_\_\_\_

—  
Additional significant information that might assist the school in better understanding the child  
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**Signature and Title of Person**\_\_\_\_\_ **Date**\_\_\_\_\_