State of Kansas Department for Children and Families Prevention and Protection Services

Social History For Children

| | | | | G . CD | | . m: c. p | 1 | |
|-------------------------------|----------------|-------------|-------------|---|----------------|-----------|------|--|
| Agency: | | | | County of Residence at Time of Removal: | | | | |
| Compiled by: | | | | Date: | | | | |
| Updated by: | | | | Date: | | | | |
| Updated by: | | | | Date: | | | | |
| Updated by: | | | | Date: | | | | |
| Child Information: Name: | | | | | | | SSN: | |
| Date of Birth: | | | Current Pla | Current Placement Address: | | | | |
| Place of Birth: | | | | | | | | |
| Sex: | Race: | Grade in So | | chool: | Religion: | | | |
| Informants: | | Name: | | | Telephone: () | | | |
| Address: | | | | | | | | |
| Comments: (R | eliability etc | .) | | | | | | |
| Responsible Person or Agency: | | Name: | y: | | Telephone: () | | | |
| Address: | | | | | | | | |
| Guardian Ad Litem: | | | | | | | | |

The social history tells the child's story. It helps adoptive families consider whether they are able to meet a specific child's needs, and helps in determining eligibility for Federal or State adoption assistance available for children with special needs. It provides an opportunity for early diagnosis, treatment, and intervention for developmental or medical conditions. Most importantly, the social history provides an opportunity for the child to develop an accurate sense of his or her own history.

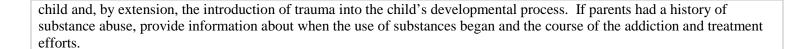
If this is an update to an existing social history, add new information in each section with the date of the update.

Reason for Referral. What is the history with DCF? Who assisted parents, guardian, or court to decide to request services? Alternative plan to out of home care considered? Why/How was decision reached? What are the parent's/caregiver's expectations of the service? To what degree are they able/willing to participate in the diagnosis/planning/treatment of the child? How does the child/youth feel about the referral? Has the worker interviewed this child? If so, where/when/under what circumstances? Worker observation and impressions of the child.

Placement History: Note the name, city and state, and type of placements where the child has been placed and how they adjusted to each placement. Explain reasons for any moves and the child's response to each move.

| Birth Family Information. |
|--|
| Father . Full name, birth date, place of birth, ethnic and cultural background, present location, education, occupation, |
| physical description. What is the status of the father's physical and mental health? Comment on father's family background, |
| significant early childhood relationships and experiences. |
| Mother. Full name, birth date, place of birth, ethnic and cultural background, present location, education, occupation, |
| physical description. What is the status of the mother's physical and mental health? Comment on mother's family |
| background, significant early childhood relationships and experiences. |
| Date of parents' marriage (if applicable). Have they been married previously? Give dates/information. If one/both |
| parents are deceased, give cause of death. What was effect on the child? Comment on relationship between the parents. Do |
| their religious affiliations/attitudes affect the child? |
| |
| |
| |
| |
| |
| Results of maternal and paternal relative searches. Were relatives identified and located? When and where? Did they |
| express interest in forming/maintaining a relationship with the child? Are they willing to be a placement resource? Have |
| they been ruled out as such? |
| they been ruled out as such. |
| |
| |
| |
| |
| Indian Child Welfare Act Information. Provide information about whether ICWA applies, if and how the family is |
| involved in the tribe, what support has been provided by the tribe and the tribe's level of involvement with the child and |
| family. Has the child been placed in accord with the ICWA? |
| raining. Thas the clinic been placed in accord with the IC WA: |
| |
| |
| |
| |
| |
| Siblings. List names, how related (step, half, parent in common), dates of birth, grade level in school, state of physical, |
| emotional health. List with whom they are currently living. Show history of foster home/residential/ institutional |
| placements and other pertinent information. |
| |
| |
| Social Emotional and Trauma History: Describe the trauma experienced by the child at each stage of the child's |
| development (infancy, toddlerhood, preschool-age, early elementary, late elementary, early adolescence, late adolescence) |
| and how the child's development has been impacted by the trauma. What are the behavioral and social-emotional |
| manifestations of the child's trauma experience that are regularly observed in placement, with family and peer relationships, |
| with siblings, in school, etc? Outline the family generational trauma history by discussing parental trauma history |
| throughout parent's childhood and adulthood. Describe how the parent's trauma history impacted their own parenting of the |

Social History For Children



Birth Family Functioning. Is the family involved in the community? What is their economic level? Cite evidence of family stress and how it is handled. Has the family used a public or private agency's services? Detail Social Security benefits, Veterans' benefits or other resources such as health insurance etc.

Early Development of the child. Discuss mother's health/attitude during the pregnancy, the nature of the delivery, the child's condition and early feeding experiences. Cite age at which the child began walking and talking. Include description of any gross abnormalities. Discuss toilet training, parental attitudes toward that training, and methods used. At what age was the toilet training accomplished? Discuss past and present sleeping arrangements. Is there evidence of sleep disturbances, nervous habits or experiences that may be been upsetting to the child? Who was attending physician at the time of the birth? What is the name/address of the hospital/facility where the child was delivered? Give a current description of the child.

Medical Information. Give a general history of the child's health. Include a chronological description and age at occurrence of illnesses, injuries, diseases, accidents, operations, convulsions, chronic conditions, and their after effect. Report on immunizations, permanent physical defects including parental/child attitudes towards these defects, and medication child is currently receiving. Cite names and addresses for the family physician and other medical providers, the school physician, the attending psychiatrist, and hospitals utilized.

Sexual Development. For females: age at onset of menstruation. For males: other signs of puberty. Discuss over/under development of sexual organs; defects and efforts to correct them. Give information about sexual experiences, detailing child's curiosity about sex and parental handling of that curiosity. Cite the information given to the child by the parent and the parental handling of the child's sexual behavior. Present information on the child's relationships with same and opposite sex. Indicate possible influence of sexual abuse on the child's development.

School Progress. Present a complete history of school progress, behavior and attitudes toward the teacher and other children. How does the current teacher view this child's problems? What action/method of discipline does the school employ for this child? Give the names and addresses of the schools and dates of attendance.

Relationships within the home. Describe the nature of the child's relationships with past and current household members parents, brothers, sisters, other relatives, and other non-relatives. Who does the child particularly like? Is he shy, fearful, dependent/independent in relationship to parents and others? What are parental methods of discipline? What is the child's attitude toward authority? If the child has lived in places other than the parental home, detail these living arrangements and the child's experience there.

Supervisor Signature:

Date:

Social History For Children

| usual behavior with friends. What and play with friends. If delinquen | Describe the child's past and current social relationships and play are the friend's ages and gender? Describe the opportunity/lact the behavior is involved, describe the acts and circumstances und es, leisure time and group activities, special likes and dislikes, and | k of opportunity to choose er which they were | | | | |
|--|--|---|--|--|--|--|
| | | | | | | |
| Agency Evaluation and Recommendation. Detail/Summarize the worker's observations and impressions of the child/family situation, and whether there are any gaps in the records/information gathered. What does the agency and/or family expect from services and/or placement? What potential plans are being developed for termination of services or placement? Will continuing supportive casework services be available to the family/parents? If the case plan is adoption, what does the child need? Will the birth family be involved in the adoption, if yes explain? | | | | | | |
| | • | | | | | |
| | | | | | | |
| Case Manager Signature: | | Date: | | | | |

