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| **PLAN DEL ÁREA LOCAL DE EDUCACIÓN ESPECIAL DE DESERT/MOUNTAIN**  **PLAN DEL ÁREA LOCAL DE EDUCACIÓN ESPECIAL AUTÓNOMA DE DESERT/MOUNTAIN**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **Historial Social, Cultural y de Salud**  (Para completar por el padre/tutor. Contactar a la enfermería del distrito para tener ayuda.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INFORMACIÓN DEL ESTUDIANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del estudiante: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Fecha de Nacimiento: | | | | | | | | | | | |  | | | | | | | | | | | Género: | | | | | Masc  Femenino | | | | |
| Plantel Escolar: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Profesor/a: | | | | | | |  | | | | | | | | | | | | | | | | | | Grado/Ciclo: | | | | |  | |
| Distrito de Asistencia: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Distrito de Residencia: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Mamá: | | |  | | | | | | | | | | | | | | | | | | | Edad: | | | | |  | | | ¿En casa? | | | | | | | Sí  No | | | | | | | | Ocupación: | | | | | | | | |  | | | | | | | |
| Papá: | | |  | | | | | | | | | | | | | | | | | | | Edad: | | | | |  | | | ¿En casa? | | | | | | | Sí  No | | | | | | | | Ocupación: | | | | | | | | |  | | | | | | | |
| Teléfono casa: | | | | | |  | | | | | | | | | | | | | | | | Teléfono trabajo: | | | | | | | | |  | | | | | | | | | | | | | | | | Otro teléfono: | | | | | | | | |  | | | | | |
| Tutor legal: | | | | |  | | | | | | | | | | | | | | | | | | | | | Relación con el niño/a: | | | | | | | | | | | |  | | | | | | | | | | | | Teléfono de contacto: | | | | | | | | | |  | |
| Dirección: | | | |  | | | | | | | | | | | | | | | | | | | | | | | Ciudad: | | |  | | | | | | | | | | | | | | | | Estado: | | | | |  | | | | | Código Postal: | | | | |  |
| Dirección de correo: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Ciudad: | | |  | | | | | | | | | | | | | | | | Estado: | | | | |  | | | | | Código Postal: | | | | |  |
| **ListA DE HERMANOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre** | | | | | | | | | | | | | | | | | | | | | | | **Género** | | | | | | | | | | | | | **Edad** | | | |  | | **Inquietudes relacionadas con la Escuela** | | | | | | | | | | | | | | | | | | | |
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| **Lista de otras personas en casa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre** | | | | | | | | | | | | | | | | | | | | | | | **Género** | | | | | | | | | | | | | **Edad** | | | |  | | **Relación con el niño** | | | | | | | | | | | | | | | | | | | |
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| **SECCIÓN 1: HISTORIAL Prenatal, DE NACIMIENTO, Y neonatal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Edad de la madre este embarazo: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Número de meses del embarazo: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| **Desarrollo del embarazo**  *(Marque todas las áreas que apliquen)* | | | | | | | | | | | | | | | | | | | | | | | | | **Nacimiento/Parto**  *(Marque todas las área que apliquen)* | | | | | | | | | | | | | | | | **Condición del recién nacido en el nacimiento**  *(Marque todas las área que apliquen)* | | | | | | | | | | | | | | | | | | | | |
| Pérdida o aumento inusual de Peso | | | | | | | | | | | | | Medicamento/Medicación | | | | | | | | | | | | | | | Parto Vaginal | | | | | | | | | | | Cuidado en la UCI después del parto | | | | | | | | | | | | | | | | | | Cólico | | | | |
| Nausea/Vómito | | | | | | | | | | | | | Toxemia | | | | | | | | | | | | | | | Parto de nalgas | | | | | | | | | | | No. de días: | | | | | | | | |  | | | | | | | | | Problema de alimentación | | | | |
| Sangrado | | | | | | | | | | | | | Hipertensión | | | | | | | | | | | | | | | Parto por cesárea | | | | | | | | | | | Dado de alta con la madre | | | | | | | | | | | | | | | | | | Problema de succión | | | | |
| Infecciones | | | | | | | | | | | | | Edema *(hinchazón)* | | | | | | | | | | | | | | | Anestesia/ Medicación | | | | | | | | | | | Cordón alrededor del cuello | | | | | | | | | | | | | | | | | | Problema de respiración | | | | |
| Accidentes | | | | | | | | | | | | | Diabetes | | | | | | | | | | | | | | | Durante la labor del parto | | | | | | | | | | | Síndrome del bebé azul | | | | | | | | | | | | | | | | | | Constipación | | | | |
| Uso de Tabaco | | | | | | | | | | | | | Aflicción emocional | | | | | | | | | | | | | | |  | | | | | | | | | | | Ictericia | | | | | | | | | | | | | | | | | |  | | | | |
| Uso de Alcohol | | | | | | | | | | | | | Otro: | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Comentarios: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **sección 2: desarrollo preescolar *(etapas en el desarrollo)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A qué edad su hijo/a empezó a: | | | | | | | | | | | | | | *Gatear:* | | | | | |  | | | | | | | | *Caminar solo/a:* | | | | | | | |  | | | | | | | | *Hablar sus primeras palabras:* | | | | | | | | | | | | | | |  | | |
| A qué edad el niño/a tuvo control de vejiga: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | A qué edad el niño/a tuvo control para hacer deposiciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **sección 3: historial de salud del niño/a *(marque todas las áreas que apliquen)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fiebre alta que requiera hospitalización | | | | | | | | | | | | | | | | | | | | Problemas oculares | | | | | | | | | | | | | | Accidentes | | | | | | | | | | | | | | | | Problemas de eliminación, Constipación | | | | | | | | | | | |
| Vacuna | | | | | | | | | | | | | | | | | | | | Asma | | | | | | | | | | | | | | Diabetes | | | | | | | | | | | | | | | | Diarrea | | | | | | | | | | | |
| Cirugías de cabeza/ Conmoción cerebral | | | | | | | | | | | | | | | | | | | | Neumonía | | | | | | | | | | | | | | Diabetes insulinodependientes | | | | | | | | | | | | | | | | Infección de la vejiga | | | | | | | | | | | |
| Ataques /Epilepsia | | | | | | | | | | | | | | | | | | | | Alergias | | | | | | | | | | | | | | Hipo glicemia | | | | | | | | | | | | | | | | Hospitalizaciones | | | | | | | | | | | |
| Parálisis Cerebral | | | | | | | | | | | | | | | | | | | | Problemas del corazón | | | | | | | | | | | | | | Obesidad | | | | | | | | | | | | | | | | Cirugías | | | | | | | | | | | |
| ADD | | | | | | | | | | | | | | | | | | | | Trastorno hemorrágico | | | | | | | | | | | | | | Anorexia | | | | | | | | | | | | | | | | Cáncer | | | | | | | | | | | |
| ADHD *(Déficit de atención por hiperactividad)* | | | | | | | | | | | | | | | | | | | | Hipertensión *(Presión alta)* | | | | | | | | | | | | | | Bulimia | | | | | | | | | | | | | | | | Orinarse en los pantalones o la cama | | | | | | | | | | | |
| Infecciones de oído | | | | | | | | | | | | | | | | | | | | Limitaciones físicas | | | | | | | | | | | | | | Sonda naso gástrica | | | | | | | | | | | | | | | | Enfermedad de riñón | | | | | | | | | | | |
| Problemas de audición | | | | | | | | | | | | | | | | | | | | Distrofia muscular | | | | | | | | | | | | | | Dolor de estómago Crónico | | | | | | | | | | | | | | | | Otro | | | | | | | | | | | |
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| Fecha del último examen médico: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Nombre del médico actual: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Medicamento(s) actual: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **secCIÓN 4: HISTORIAL DE SALUD familIAR *(mARQUE TODAS LAS ÁREAS QUE APLIQUEN)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Familia de la mamá:** | | | | | | | | | Enfermedad Mental | | | | | | | | | | | | | | | Epilepsia | | | | | | Diabetes | | | | | | | | Estado de Salud | | | | | | | | | | | Cáncer | | | | | | | Otro: | | |  | | |
| **Familia del padre:** | | | | | | | | | Enfermedad Mental | | | | | | | | | | | | | | | Epilepsia | | | | | | Diabetes | | | | | | | | Estado de Salud | | | | | | | | | | | Cáncer | | | | | | | Otro: | | |  | | |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **secCiÓn 5: COBERTURA DEL SEGURO MÉDICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medi-Cal: | | | |  | | | | | | | | | | | | | | | | | | | | | | | Seguro Médico: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **sección 6: relaciones actuales/INTERESes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describa la relación entre el niño/a y la madre: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describa la relación entre el niño/a y el padre: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describa la relación entre el niño/a y sus hermanos: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describa la relación entre el niño/a y otras personas importantes para él/ella: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describa la relación entre el niño/a y sus compañeros: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indique la edad del grupo que prefiere el niño/a: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describa la interacción del niño/a de familia con la comunidad: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Cuántas horas de televisión el niño/a ve a diario? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Cuál es la actividad favorita o de interés del niño/a? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Cuál es el método más efectivo de disciplina? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Qué le gusta más de su hijo/a? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECCIÓN 7: FACTORES DEL HOGAR Y EL ENTORNO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Qué idioma se habla en casa? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Incluya la movilidad familiar/número de lugares donde hayan vivido/cuánto tiempo cada uno: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Incluya la historia ocupacional de los padres: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Incluya el número de escuelas a las que el niño/a ha asistido: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Incluya los grados repetidos y la razón: *(si hay alguna)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describa los materiales educativos/de desarrollo en la casa: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Incluya los problemas educativos de los padres: *(si hay alguno)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grado escolar más alto del padre: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Grado escolar más alto del padre: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Comentarios/recomendaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Información suministrada por: *(nombre)* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firma: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fecha: | | | | |  | | | | | | | | |
| **VISITA AL HOGAR:** | | | | | | | | | | | **Sí** | | | | | | **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |