



PARENT QUESTIONNAIRE

Today's Date _____ Child's Date of Birth _____

Child's Name: (Last) _____ (First) _____

School: _____ Grade: _____

Previous Schools attended: _____

Previous evaluations? _____ Diagnosis? _____ When/Where? _____

Previous tutoring? _____ When? _____ Where? _____

Referred By: _____

Who initiated this referral? (Last) _____ (First) _____

Relationship to student: (specify) _____

Mother's Name: (Last) _____ (First) _____

Mailing Address: _____

Home Phone: _____ Cell: _____ Email: _____

Father's Name: (Last) _____ (First) _____

Mailing Address: _____

Home Phone: _____ Cell: _____ Email: _____

Who is financially responsible for this student's services? _____

Primary Reason for Referral

- | | |
|--|--|
| <input type="checkbox"/> Suspected learning disability (specify) | <input type="checkbox"/> Suspected emotional problem (specify) |
| <input type="checkbox"/> Observed learning problems (specify) | <input type="checkbox"/> Suspected developmental delay (specify) |
| <input type="checkbox"/> Difficulty achieving (specify) | <input type="checkbox"/> Observed interpersonal problems (specify) |
| <input type="checkbox"/> Observed attention and concentration problems (specify) | <input type="checkbox"/> Gifted evaluation |
| <input type="checkbox"/> Apparent motivation problem (specify) | <input type="checkbox"/> Assessment for placement decision (specify) |
| <input type="checkbox"/> Suspected health problem (specify) | <input type="checkbox"/> Court-ordered assessment (specify) |
| <input type="checkbox"/> Discipline problem (specify) | <input type="checkbox"/> Reevaluation |

If there are additional reasons for the referral, please specify. (Attach another sheet of paper if needed)

What questions should this evaluation address? (Check all that apply.)

- What cognitive and/or academic strengths and weaknesses exist?
- Is there evidence of an ability/achievement discrepancy?
- What are the individual's cognitive and academic developmental levels?
- Other: This evaluation is intended to answer the following question,

What most concerns you about your child: _____

What are your child's greatest strengths: _____

Part I: Current Home and Health Status
Please check one item for each category.

A. With whom does your child live?

- Both mother and father (in one home)
- Mother
- Father
- Mother and stepfather
- Father and stepmother
- Both parents (in two different homes)
- Foster parents

B. Was your child adopted?

- No
- Yes (At what age? _____)

C. Are any languages other than English spoken in your home?

- No
- Yes (specify) _____

D. How many other children live in your home?

- None
- One (age _____)
- Two (ages _____, _____)
- Three (ages _____, _____, _____)
- Four (ages _____, _____, _____, _____)
- Other (ages _____, _____, _____, _____, _____)
- Any living away from home? _____

E. Have there been any recent changes in family life (for example, a birth, a divorce, or a move to a new home)?

- No
- Yes (specify) _____

F. What is your child's overall physical health?

- Is in good health and physically fit
- Is generally in good health
- Has a health condition but does not require medication (specify health condition) _____
- Has a health condition that requires medication (specify health condition) _____

G. Has your child ever sustained a head injury?

- No
- Yes

If Yes, please answer parts a, b, and c below.

a. How serious was this injury?

- Not serious
- Slightly serious
- Serious
- Very Serious

b. How long ago did the injury occur?

- Within the past year
- 1 to 2 years ago
- 2 to 3 years ago
- 3 to 4 years ago
- More than 4 years ago

c. Was the child unconscious?

- I don't know
- No
- Yes, for how long? (specify the amount of time and treatment) _____

H. Has your child ever had a serious illness?

- No
- Yes

If Yes, please answer parts a and b below.

a. What was the most serious illness? _____

b. At what age did the illness initially occur? _____

I. Does your child have seizures?

- No
- Yes

If Yes, how frequent are the seizures?

- Less than once a month
- About once a month
- More than once a month
- About once a week
- More than once a week

J. How would you describe your child's vision?

- Has normal or near normal vision without corrective lenses
- Has normal or near normal vision when corrective lenses are worn
- Has visual difficulties but does not wear corrective lenses
- Has visual difficulties despite wearing corrective lenses
- Has severe visual impairment

K. Has your child had a recent vision test?

- No
- Yes

If Yes, please answer parts a and b below.

a. Specify month and year of test (___/___)

b. What type of vision test did your child receive? (Check only one.)

- Screening only
- Optometrist's evaluation
- Ophthalmologist's examination

L. How would you describe your child's hearing?

- Can hear in most situations (does not use hearing aid)
- Can hear in most situations with a hearing aid
- Has difficulty hearing but does not use a hearing aid
- Has difficulty hearing even when using a hearing aid

M. Has your child had a recent hearing test?

- No
- Yes

If Yes, please answer parts a and b below.

a. Specify month and year of test (___/___)

b. What type of hearing test did your child receive? (Check only one.)

- Screening only
- Audiologist's evaluation
- Ear, nose, and throat physician's exam

N. How much sleep does your child typically get each night?

- Less than 6 hours
- 6 to 7 hours
- 7 to 8 hours
- 8 to 9 hours
- 9 to 10 hours
- More than 10 hours

O. How soundly does your child sleep?

- Sleeps so soundly that he or she cannot be woken easily
- Usually sleeps soundly (typical for age)
- Usually wakes at least once during the night
- Doesn't seem able to sleep soundly

(specify) _____

P. Has your child shown any recent changes in appetite?

- No
- Yes (specify) _____

Q. Does your child frequently complain about not feeling well?

- No
- Yes (specify) _____

R. Has any other member of your child's immediate family experienced personal, social, speech or learning problems?

- No
- Yes (specify) _____

Part II: Birth History

Please check one item for each category, unless specified otherwise.

A. What was the birth mother's condition during pregnancy?

- I don't know
- Normal; no health problems
- Mother had health problems (specify) _____
- Mother had health problems related to substance abuse (specify) _____

B. How would you describe your child's birth? (Check all that apply.)

- I don't know
- Normal (no unusual problems)
- Premature birth (weeks premature: _____)
- Lengthy labor (more than 24 hours)
- Complications at delivery (specify) _____

C. What was your child's condition immediately after birth? (Check all that apply.)

- I don't know
- Healthy (normal)
- Injured at birth
- Had difficulty starting to breathe
- Jaundice
- Had an infection
- Seizures
- Drug-dependent
- Placed in incubator
- Critical; placed in intensive care
- Low birth weight (specify weight, if known _____ lbs _____ oz)
- High birth weight (specify weight, if known _____ lbs _____ oz)
- Low Apgar score (qualify, if needed) _____
- Had a blood transfusion
- Other (specify) _____

Part III: Early Childhood History

A. Choose up to three words that best describe your child's temperament (personality) during infancy and early childhood.

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> I don't know | <input type="checkbox"/> Fussy |
| <input type="checkbox"/> Active | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Imitative |
| <input type="checkbox"/> Alert | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Colicky | <input type="checkbox"/> Observant |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Playful |
| <input type="checkbox"/> Demanding | <input type="checkbox"/> Screaming |
| <input type="checkbox"/> Determined | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Difficult | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Withdrawn |

B. How would you rate your child's early motor skills development, such as sitting up, crawling, and learning to walk?

- Developed earlier than most other children. Age? _____
- Seemed to be typical. Age? _____
- Developed later than most other children. Age? _____

C. How would you rate your child's early language development, such as first words, asking simple questions, and talking in sentences?

- Developed earlier than most other children. Age? _____
- Seemed to be typical. Age? _____
- Developed later than most other children. Age? _____

D. Did your child have frequent ear infections (more than four within a twelve-month period)?

- No
- Yes

If Yes, at what age(s)? (Check all that apply.)

- <1
- 1
- 2
- 3
- 4
- 5

Part IV: Child's Preschool History
Please check one item for each category.

A. Did your child attend preschool (not daycare)?

- No
- Yes

If Yes, beginning at what age?

- 2 4
- 3 5

B. During ages 3 through 5, how would you rate your child's cognitive development, such as counting, knowledge of the alphabet, and general knowledge and understanding?

- Seemed to learn more easily (or sooner) than most other children
- Seemed to be typical
- Seemed to have more difficulty learning (or learned later) than most other children

C. During ages 3 through 5, how would you rate your child's social development, such as ability to play with others, development of friendships, and relationships with adults?

- Seemed to learn more easily (or sooner) than most other children
- Seemed to be typical
- Seemed to have more difficulty learning (or learned later) than most other children

D. How difficult to manage was his or her behavior during the preschool years?

-
- Very easy to manage
- Seemed to be typical
- Somewhat difficult to manage
- Very difficult to manage

Part V: School History
Please check one item for each category.

A. Has your child ever repeated a grade?

- No
- Yes (If Yes, what grade was, or is being repeated? _____)

B. Has your child ever received special educational services, such as resource room instruction, speech therapy, or an individualized education program?

- No
- Yes

If Yes, please answer parts a and b below.
a. Describe the special educational services your child received _____

b. At what age did your child first receive these services? _____

C. Do you believe that your child has learning problems?

- No
- Maybe
- Yes (describe)

D. If you believe your child has learning problems, how long have you been concerned about this?

- For a couple of months
- For about 6 months
- For about 9 months
- For about 1 year
- For about 2 years
- For about 3 years
- For about 4 years
- For about 5 or more years

Part VI: Current Temperament and Mood

A. Which of the following best describes this child's typical mood?

- Usually happy
- Mood is typical for age
- Seems unhappy at times
- Seems unhappy most of the time
- None of the above (describe)

B. How consistent is his or her mood?

- Mood is consistent
- Shows normal "highs and lows" (typical for age)
- Shows intense "highs" of energy followed by periods of sadness or depression

C. Choose up to three words that best describe this child's current temperament (personality).

- | | |
|--|--|
| <input type="checkbox"/> Accommodating | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Active | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Obedient |
| <input type="checkbox"/> Conscientious | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Demanding | <input type="checkbox"/> Playful |
| <input type="checkbox"/> Determined | <input type="checkbox"/> Self-reliant |
| <input type="checkbox"/> Difficult | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Sociable |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Trusting |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Undisciplined |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Unmotivated |

Part VII: Current Behaviors
Please base your ratings on your typical observations over the past year.

A. What is his or her attitude toward school?

- Very enthusiastic about school
- Generally likes school
- Likes some things about school and dislikes other things
- Generally dislikes school
- Dislikes school so much that he or she does not want to go

B. How would you rate his or her level of effort toward schoolwork?

- Tries very hard to succeed
- Generally tries to succeed
- Effort varies
- Seems like he or she doesn't try

C. When helping or working at home, how attentive is he or she to details?

- Extremely attentive to details
- Usually attends to details and concentrates when working (typical for age)
- Often fails to pay close attention to details or makes careless mistakes

D. How would you rate his or her attention span?

- Unusually high degree of sustained attention in tasks or play activities
- Usually maintains attention in tasks or play activities (typical for age)
- Often has difficulty sustaining attention in tasks or play activities

E. How would you rate his or her listening ability?

- Always, or almost always, listens when spoken to directly
- Usually listens when spoken to directly (typical for age)
- Often does not seem to listen when spoken to directly

F. How would you rate his or her follow-through on homework?

- Always, or almost always, follows instructions and finishes homework
- Usually follows instructions and finishes homework (typical for age)
- Often does not follow instructions and fails to finish homework

G. How would you rate his or her level of organization?

- Is highly organized
- Usually organizes tasks and activities (typical for age)
- Often has difficulty organizing tasks and activities
-

H. How would you rate his or her response to tasks that are difficult for him or her?

- Noticeably increases level of effort
- Generally persists (typical for age)
- Attempts but gives up easily
- Often avoids, dislikes, or is reluctant to engage in difficult tasks

I. How well does he or she maintain belongings?

- Always, or almost always, keeps personal belongings in order
- Usually keeps personal belongings in order (typical for age)
- Often loses personal belongings
-

J. How does he or she typically respond to distractions?

- Generally not distracted
- Usually shows normal reactions and adapts (typical for age)
- Often easily distracted

K. How often does he or she remember to do assigned chores at home?

- Always, or almost always, remembers chores he or she is supposed to do
- Usually remembers chores he or she is supposed to do (typical for age)
- Often forgets chores he or she is supposed to do

L. What is his or her typical activity level when watching television, eating meals, or doing homework?

- Seems less active than others of same age and sex
- Activity level is similar to others of same age and sex
- Often fidgets with hands or feet, or squirms (more than others of same age and sex)

M. What is his or her typical activity level in social situations outside of the home?

- Seems sluggish or lacks energy
- Activity level is similar to others of same age and sex
- Often runs about or climbs excessively in situations in which it is inappropriate

N. Can he or she play quietly when required?

-
- Yes, can play quietly when required (typical for age)
- Often has difficulty playing quietly
-

O. What is his or her style of motor activity?

- Awkward, seemingly clumsy
- Slow
- Seems similar to others of same age and sex
- Is often "on the go" or acts as if "driven by a motor"

P. How much talking does he or she do?

- Generally talks much less than age peers of the same sex
- Amount of talking is age appropriate
- Often talks excessively

Q. How good is he or she at taking turns?

- Takes turns appropriately for age
- Often has difficulty waiting for a turn

R. How well does he or she interact with peers?

- Typically avoids interacting with peers
- Social interaction skills are typical for age
- Often interrupts or intrudes on others (butts into conversations or games)

Part VIII: Behavior Problems at Home
Some of the following behaviors are common at certain ages and are not serious problems. Sometimes they can cause serious problems at home. If your child does not exhibit the problem behavior at home, check No and proceed to the next category. If you check Yes, briefly describe the specific behavior, then rate how serious the behavior is.

A. Inattentiveness. Does your child have difficulty paying attention or concentrating at home? For example, does he or she fail to listen to specific instructions or become distracted from what he or she is doing by just about anything that happens?

- No
- Yes (describe)

If Yes, how serious is this behavior?

- Not serious
- Slightly serious
- Serious
- Very serious

B. Overactivity. Is your child overly active for his or her age? For example, does he or she seem unable to remain seated in the car or at the dinner table, run around the house excessively, or act as if "driven by a motor"?

- No
- Yes (describe)

If Yes, how serious is this behavior?

- Not serious
- Slightly serious
- Serious
- Very serious

C. Impulsiveness. Does your child act in impulsive ways that would be considered immature for his or her age? For example, does he or she interrupt others who are talking, blurt things out before thinking, act without thinking, butt into conversations or games, or become unreasonably impatient when asked to wait?

- No
 - Yes (describe)
-

If Yes, how serious is this behavior?

- Not serious
- Slightly serious
- Serious
- Very serious

D. Uncooperative behavior. Is your child uncooperative? For example, does he or she frequently refuse to follow instructions or rules, act defiantly, argue or talk back to adults, pout, refuse to take turns or share with other children, or cheat at games?

- No
 - Yes (describe)
-

If Yes, how serious is this behavior?

- Not serious
- Slightly serious
- Serious
- Very serious

E. Anxiousness. Does your child seem more nervous than other children of his or her age? For example, does he or she seem to cry a lot or frequently complain of a stomachache? Does he or she seem to always have a tense or worried expression? Does he or she demonstrate hair pulling, nail biting, twitching, pacing, or trembling?

- No
 - Yes (describe)
-

If Yes, how serious is this behavior?

- Not serious
- Slightly serious
- Serious
- Very serious

F. Withdrawal. Does your child seem to withdraw from other children rather than interact or play with them? For example, does he or she appear sullen or detached or prefer to be alone rather than with others?

- No
 - Yes (describe)
-

If Yes, how serious is this behavior?

- Not serious
- Slightly serious
- Serious
- Very serious

G. Aggressiveness. Does your child act aggressively to other people or property? For example, does he or she hit, kick, bite, pinch, scratch, push, throw objects at or spit at another; threaten, bully, or verbally abuse another; or break, deface, or destroy things?

- No
 - Yes (describe)
-

If Yes, how serious is this behavior?

- Not serious
- Slightly serious
- Serious
- Very serious

Please provide any additional information that you feel may be helpful.