

## PARENTS QUESTIONNAIRE

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_ DATE FORM COMPLETED \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS. BESIDE EACH ITEM BELOW, INDICATE THE DEGREE OF THE PROBLEM BY CIRCLING THE APPROPRIATE NUMBER.

	Not at	Just a	Pretty	Very	
	0	1	2	3	
	<u>All</u>	<u>little</u>	<u>much</u>	<u>much</u>	
1. Picks at things, (nails, fingers, hair, clothing) .....	0	1	2	3	
2. Sassy to grown-ups .....	0	1	2	3	
3. Problems with making or keeping friends .....	0	1	2	3	
4. Excitable, impulsive .....	0	1	2	3	
5. Wants to run things .....	0	1	2	3	
6. Sucks or chews (thumb, clothing, blankets).....	0	1	2	3	
7. Cries easily or often .....	0	1	2	3	
8. Carries a chip on his/her shoulder .....	0	1	2	3	
9. Daydreams .....	0	1	2	3	
10. Difficulty in learning .....	0	1	2	3	
11. Restless in the "squirmy" sense.....	0	1	2	3	
12. Fearful of new situations: new people places, going to school .....	0	1	2	3	
13. Restless, always up and on the go .....	0	1	2	3	
14. Destructive .....	0	1	2	3	
15. Tells lies or stories that aren't true .....	0	1	2	3	
16. Shy .....	0	1	2	3	
17. Gets into more trouble than others same age .....	0	1	2	3	
18. Speaks differently from others age (baby talk: stuttering; hard to understand).....	0	1	2	3	
19. Denies mistakes or blames others.....	0	1	2	3	
20. Quarrelsome .....	0	1	2	3	
21. Pouts and sulks .....	0	1	2	3	
22. Steals.....	0	1	2	3	
23. Disobedient or obeys but resentfully .....	0	1	2	3	
24. Worries more than others (about being alone; illness; death) .....	0	1	2	3	
25. Fails to finish things .....	0	1	2	3	
26. Feelings hurt easily .....	0	1	2	3	
27. Bullies others.....	0	1	2	3	
28. Unable to stop a repetitive activity .....	0	1	2	3	
29. Cruel .....	0	1	2	3	
30. Childish or immature (wants help he shouldn't need; clings; needs constant reassurance) .....	0	1	2	3	
31. Distractibility or attention span problem .....	0	1	2	3	
32. Headaches .....	0	1	2	3	
33. Mood changes quickly .....	0	1	2	3	
34. Doesn't like or doesn't follow rules or restrictions .....	0	1	2	3	

## Parent's Questionnaire Continued

35. Fights constantly.....	0.....	1.....	2.....	3
36. Doesn't get along wee with brothers or sisters.....	0.....	1.....	2.....	3
37. Easily frustrated in efforts.....	0.....	1.....	2.....	3
38. Disturbs other children.....	0.....	1.....	2.....	3
39. Basically an unhappy child.....	0.....	1.....	2.....	3
40. Problems with eating.....	0.....	1.....	2.....	3
(Poor appetite; up between bites)				
41. Stomach-aches.....	0.....	1.....	2.....	3
42. Problems with sleep (can't fall asleep; up too early; up in the night).....	0.....	1.....	2.....	3
43. Other aches and pains.....	0.....	1.....	2.....	3
44. Vomiting or nausea.....	0.....	1.....	2.....	3
45. Feels cheated in family circle.....	0.....	1.....	2.....	3
46. Boasts and brags.....	0.....	1.....	2.....	3
47. Lets self be pushed around.....	0.....	1.....	2.....	3
48. Bowel problems (frequently loose; irregular habit; constipation).....	0.....	1.....	2.....	3

## TEACHERS QUESTIONNAIRE

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

TEACHER: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

TIME OF DAY CHILD IS WITH YOU: \_\_\_\_\_

*Teachers – Please answer all question. Beside each item, indicate the degree of the problem by circling the appropriate number. In addition, please feel free to write additional comments about the child’s academics, behaviors and other characteristics near the bottom or on the back of the form.*

	Not at <u>all</u>	Just a <u>little</u>	Pretty <u>much</u>	Very <u>much</u>
1. Restless in the “squirmy” sense .....	0	1	2	3
2. Makes inappropriate noises when he shouldn’t .....	0	1	2	3
3. Demands must be met immediately .....	0	1	2	3
4. Acts “smart” (impudent or sassy).....	0	1	2	3
5. Temper outbursts and unpredictable behavior .....	0	1	2	3
6. Overly sensitive to criticism .....	0	1	2	3
7. Distractibility or attention span problem .....	0	1	2	3
8. Disturbs other children .....	0	1	2	3
9. Daydreams .....	0	1	2	3
10. Pouts and sulks .....	0	1	2	3
11. Mood changes quickly and drastically .....	0	1	2	3
12. Quarrelsome .....	0	1	2	3
13. Submissive attitude toward authority .....	0	1	2	3
14. Restless, always “up and on the go”.....	0	1	2	3
15. Excitability .....	0	1	2	3
16. Excessive demands for teacher’s attention .....	0	1	2	3
17. Appears to be unaccepted by group .....	0	1	2	3
18. Appears to be easily led by other children.....	0	1	2	3
19. No sense of fair play .....	0	1	2	3
20. Appears to lack leadership .....	0	1	2	3
21. Fails to finish things he starts.....	0	1	2	3
22. Childish and immature.....	0	1	2	3
23. Denies mistakes or blames others .....	0	1	2	3
24. Does not get along well with other children .....	0	1	2	3
25. Uncooperative with classmates .....	0	1	2	3
26. Easily frustrated in efforts.....	0	1	2	3
27. Uncooperative with teacher .....	0	1	2	3
28. Difficulty in learning .....	0	1	2	3

# HOME STUDY

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child born in (City or County): \_\_\_\_\_

Child lives with (Name): \_\_\_\_\_

(address): \_\_\_\_\_

(phone): \_\_\_\_\_ (relationship) \_\_\_\_\_

(occupation): male parent/guardian: \_\_\_\_\_

female parent/guardian: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Referred by: \_\_\_\_\_

Family history (marriage history, divorced, step-parents, separations, stability, etc.)

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Has family moved during child's life? \_\_\_\_\_

## Family Constellation

Siblings (include step-siblings and half-siblings)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Developmental History

a. Type of pregnancy (complications: rubella, medications, Rh factor, etc.) \_\_\_\_\_

b. Labor: (long, short, difficulty) \_\_\_\_\_

c. Birth (natural, forceps, anesthetized, caesarian, breech) \_\_\_\_\_

d. Any complications with child \_\_\_\_\_

e. Unusual behavior during first months \_\_\_\_\_

f. Age crawled \_\_\_\_\_

h. Age toilet trained \_\_\_\_\_

g. Age walked \_\_\_\_\_

i. Age talked \_\_\_\_\_

j. Unusual childhood diseases (high fevers, etc.) \_\_\_\_\_

k. Serious accidents/hospitalizations \_\_\_\_\_

l. Separations from parents \_\_\_\_\_

- m. Speech difficulties \_\_\_\_\_
- n. Hearing difficulties \_\_\_\_\_
- o. Vision problems \_\_\_\_\_
- p. Bed wetting (age stopped) \_\_\_\_\_
- q. Difficulty sleeping (nightmares, etc.) \_\_\_\_\_
  
- r. Presently on medication \_\_\_\_\_ Type/Name \_\_\_\_\_
  
- s. Sleepwalks? \_\_\_\_\_

**Self-Help**

- a. Indicate any problems child might have with feeding, dressing, toileting, etc. \_\_\_\_\_
- b. Requires the following special equipment for mobility \_\_\_\_\_

**Emotional Development**

- a. Affectionate? \_\_\_\_\_
- b. Requires a great deal of attention? \_\_\_\_\_
- c. Gets upset easily? \_\_\_\_\_ Over what? \_\_\_\_\_
- d. Generally happy? \_\_\_\_\_
- e. Fearful? \_\_\_\_\_
- f. Meets people easily? \_\_\_\_\_
- g. Makes friends easily? \_\_\_\_\_
- h. Dependent? \_\_\_\_\_
- i. Self-control? \_\_\_\_\_
- j. Manipulative? \_\_\_\_\_
- k. Any unusual family disharmony: (parent-parent, parent-child, sibling?) \_\_\_\_\_

**School History**

- a. Attitude toward school \_\_\_\_\_
- b. Has attitude changed? \_\_\_\_\_
- c. Any change in school marks or grades? \_\_\_\_\_
- d. Best subject: \_\_\_\_\_ Worst subject: \_\_\_\_\_
- e. School transfers: \_\_\_\_\_
- f. Grades repeated \_\_\_\_\_
- g. Likes most of his/her teachers? \_\_\_\_\_
- h. Special Education or other special programs? \_\_\_\_\_

**Current Behaviors**

- a. Medical problems (seizures, head injuries, respiratory problems, physical coordination, other) \_\_\_\_\_
- b. Behavior problems at home? \_\_\_\_\_
- c. Parents noted learning problems? \_\_\_\_\_