BACKGROUND QUESTIONNAIRE

Please take a few moments to complete this background questionnaire. Your responses will assist me with a better understanding of your child and his / her specific situation. You may telephone me, or I may call you, to clarify questions and / or responses. Please be sure that the more information I receive, the better I can assist your child.

FAMILY DATA

Child's name _____

Birth date _____ Age_____ Gender: ☐ Male ☐ Female

Current Grade_____ Teacher (s)_____

Person(s) filling out this form: ☐Mother ☐Father ☐Other caregiver (please explain)

_____

Mother's name _____

Age_____ Education _____

Occupation _____

Phone: Home _____Mobile _____ Business _____

Father's name _____

Age_____ Education _____

Occupation _____

Phone: Home _____Mobile _____ Business _____

Marital status of parents _____

If separated or divorced, how old was the child when the separation occurred? _____

If remarried, how old was the child when the step-parent entered the family? _____

List all people living in the household (please list additional people on separate sheet if necessary):

Name	Gender	Relationship to Child	Age

BACKGROUND QUESTIONNAIRE

Please list any brothers, sisters, or other significant person in your child's life living outside of the home:

Name	Gender	Relationship to Child	Age

Dominant language spoken in the home: _____

Other languages spoken in the home: _____

What language(s) does the child use to speak with you? _____

What language(s) does the child use to speak with friends? _____

Other languages your child has been exposed to _____

Was the child adopted? ☐ Yes ☐ No

If yes, at what age? _____ Does the child know about the adoption? ☐ Yes ☐ No

PRESENTING PROBLEM

Please describe the child's current difficulties: _____

_____

_____

How long has this problem been of concern to you? _____

What seems to help the problem? _____

_____

What seems to make the problem worse? _____

Have you noticed recent changes in the child's abilities? ☐ Yes ☐ No

If yes, please describe: _____

Has the child had previous evaluation and / or treatment for the current problem or similar problems? ☐ Yes ☐ No

If yes, when and with whom? _____

BACKGROUND QUESTIONNAIRE

SOCIAL AND BEHAVIOURAL CHECKLIST

Please place a tick next to any problem behavior/s that the child currently exhibits:

- ☐Has difficulty hearing
- ☐Has difficulty with coordination
- ☐Has difficulty making friends
- ☐Refuses to share
- ☐Does not get along well with siblings
- ☐Fights verbally with adults
- ☐Shows wide mood swings
- ☐Is withdrawn (describe)
- ☐Tires easily, has little energy
- ☐Lies (describe)
- ☐Injures self often
- ☐Has low self-esteem
- ☐Is argumentative
- ☐Fights verbally with other children
- ☐Does not show feelings
- ☐Wets beds
- ☐Sucks thumb
- ☐Has trouble sleeping (describe)_____
- ☐Bangs head
- ☐Eats poorly
- ☐Has poor bowel control (soils self0
- ☐Is fidgety
- ☐Is disorganised
- ☐Is unusually talkative
- ☐Has blank spells
- ☐Worries a lot
- ☐Takes unnecessary risks
- ☐Has too many accidents
- ☐Feels that he or she is bad
- ☐Moves slowly
- ☐Does not understand other's feelings
- ☐Gives up easily
- ☐Is disobedient
- ☐Consistently seeks attention
- ☐Has periods of confusion or disorientation
- ☐Is extremely selfish
- ☐Is nervous or anxious
- ☐Is easily frustrated
- ☐Requires constant supervision
- ☐Has difficulty resisting peer pressure
- ☐Has difficulty accepting criticism
- ☐Has poor attention span
- ☐Is afraid of new situations
- ☐Has difficulty with vision
- ☐Has difficulty with balance
- ☐Has difficulty keeping friends
- ☐Prefers to be alone
- ☐Does not get along well with adults
- ☐Yells and calls children names
- ☐Is aggressive (describe) _____
- ☐Is shy or timid
- ☐Breaks objects deliberately
- ☐Steals (describe) _____
- ☐Runs away
- ☐Blames others for his / her troubles
- ☐Does not get along well with other children
- ☐Fights physically with other children
- ☐Has frequent crying spells
- ☐Bites nails
- ☐Has frequent temper tantrums
- ☐Rocks back and forth
- ☐Holds breath
- ☐Is stubborn
- ☐Is much too active
- ☐Is easily distracted
- ☐Is clumsy
- ☐Is forgetful
- ☐Daydreams too much
- ☐Is impulsive
- ☐Gets hurt frequently
- ☐Doesn't learn from experience
- ☐Is slow to learn
- ☐Stares into space for long periods
- ☐Has difficulty following directions
- ☐Complains of aches or pains
- ☐Gets into trouble with the law
- ☐Is restless
- ☐Is jealous (describe) _____
- ☐Feels hopeless
- ☐Is immature
- ☐Is suspicious of other people
- ☐Has trouble making plans
- ☐Shows anger easily
- ☐Feels sad or unhappy often
- ☐Has poor memory
- ☐Has difficulty learning when there are distractions

BACKGROUND QUESTIONNAIRE

EDUCATIONAL HISTORY

Please list all schools that your child has attended:

School Country Year(s) Attended Grade Level

_____
_____
_____
_____

Please place a tick next to any educational problem that you child currently exhibits:

☐Has difficulty with reading
☐Has difficulty with spelling
☐Has difficulty with other subjects
☐Has difficulty sitting still in class
☐Has difficulty taking notes in class
☐Has difficulty remember things
☐Has difficulty getting along with the teacher
☐Has difficulty getting along with other students
☐Resists going to school
☐Has difficulty with arithmetic
☐Has difficulty with handwriting
☐Has difficulty paying attention in class
☐Has difficulty waiting turn in school
☐Has difficulty respecting other's rights
☐Forgets homework
☐Dislikes school
☐Refuses to do homework

Does your child currently receive special assistance in school? ☐ Yes ☐ No

If yes, please explain _____

Does your child have an after school tutor? ☐ Yes ☐ No

If yes, how frequently? _____

Has your child been held back a grade? ☐ Yes ☐ No

If yes, which grade and why? _____

Has your child's school performance become poorer recently? ☐ Yes ☐ No

If yes, please explain _____

Has your child been absent frequently from school? ☐ Yes ☐ No

If yes, please explain reasons _____

BACKGROUND QUESTIONNAIRE

DEVELOPMENTAL HISTORY

Did the mother have any problems during pregnancy? ❑ Yes ❑ No ❑ Don't know
If yes, please explain

During pregnancy, was the mother exposed to x-rays / chemicals? ❑ Yes ❑ No ❑ Don't know
If yes, please explain

During the pregnancy, did the mother receive prenatal care? ❑ Yes ❑ No ❑ Don't know

Were there any complications associated with the birth? ❑ Yes ❑ No ❑ Don't know
If yes, please explain

Was the child premature? ❑ Yes ❑ No ❑ Don't know
If yes, by how many weeks

Were there any birth complications? ❑ Yes ❑ No ❑ Don't know
If yes, please explain

Were there any other problems during infancy? ❑ Yes ❑ No ❑ Don't know
If yes, please explain

As an infant, was the child significantly different from siblings? ❑ Yes ❑ No ❑ Don't know
If yes, please explain

Below is a list of typical infant and preschool behaviours. Please indicate (with WNL, E, L, or DK) at what point your child demonstrated each behavior.

WNL	within normal limits of development
E	early compared to typical development
L	late compared to typical development
DK	do not know

_____ Showed response to caregiver
_____ Rolled over
_____ Crawled
_____ Walked alone
_____ Babbled
_____ Put several words together
_____ Became toilet trained during the day
_____ Feed self
_____ Put on clothing alone
_____ Rode tricycle
_____ Said alphabet in order

_____ Held head erect
_____ Sat alone
_____ Stood alone
_____ Ran with good control
_____ Spoke first word
_____ Stayed dry all night
_____ Drank from cup
_____ Took off clothing alone
_____ Ties shoelaces
_____ Named colours

BACKGROUND QUESTIONNAIRE

MEDICAL HISTORY AND STATUS

Does your child have any disabilities? ❑ Yes ❑ No
If yes, please explain

Has your child had any serious illness? ❑ Yes ❑ No
If yes, please explain

Has your child been hospitalised? ❑ Yes ❑ No
If yes, please explain

Has your child had any serious accidents? ❑ Yes ❑ No
If yes, please explain

Has your child had regular medical evaluations? ❑ Yes ❑ No

Does your child wear glasses? ❑ Yes ❑ No

Does your child wear any type of hearing device? ❑ Yes ❑ No

Please describe any significant health problems not addressed above

Please list any medications that your child takes and the reason

Is your child currently under and special medical supervision?
If yes, please explain

OTHER INFORMATION

What are your child's favourite activities?

What type of things does your child like the least?

BACKGROUND QUESTIONNAIRE

Does your child participate in any organised activities outside of school? (Scouts, Sports, Dance etc.)

_____

What chores does your child do around the house?_____

_____

What time does your child usually go to sleep on school nights? On weekends? _____

What type of problems do you have at home with your child? _____

_____

Which parent/caregiver usually administers disciplinary consequences at home?_____

Can / could you child be trusted to care for a pet? _____

Can / could your child handle money properly? _____

Does your child take responsibility for his / her personal hygiene? _____

What do you enjoy doing with your child? _____

What have you found to be the most satisfactory ways of helping your child?_____

_____

What are your child's assets or strengths?_____

_____

Is there any other information that you think might help me in understanding your child? _____

_____

Why are you pursuing individual evaluation for your child?_____

What do you hope the individual evaluation will provide your child?

_____

Thank you for taking the time to complete this form. The information will assist me in providing your child with a comprehensive evaluation , tailored to his / her needs.

Person (s) completing this questionnaire_____ Date _____

Signature (s) _____