



We value the viewpoint of parents and would, therefore, appreciate your co-operation in completing this form. Please note, unless you indicate otherwise, your comments may be quoted, in part at least, in the educational psychologist's report.

CONFIDENTIAL

PARENTAL QUESTIONNAIRE FOR ADULTS

Date of Completion:

Son/Daughter's Full Name:

Place of Work:

Date of Birth:

Age:

years

months

Home Address:

Telephone Number:

Mother's name:

Occupation:

Father's name:

Occupation:

How many children have you in your family?

Are there any special family circumstances which have affected your son/daughter's development?

Are there any other members of the family (including both parents' families) who have experienced difficulties in learning?

What sort of difficulties are these?

Were there any special circumstances relating to school which affected development?

At what age did his/her learning difficulties first come to your attention?
(Please provide photocopies of past school reports where they illustrate this)

What areas does he/she find difficult at present?

What is he/she good at?

Previous Help

Previous help while at school?

Any other help:

(eg visits to specialists, speech centres, etc)

Please give full details of any previous psychological assessments:

Please provide photocopies of any past reports:
(This is very important)

Vision and Hearing

Were your son/daughter's eyes been tested? YES / NO

Was vision within normal limits? YES / NO

If NO, please give details of problems:

Was your son/daughter's hearing tested?[†] YES / NO

Was his/her hearing within normal limits? YES / NO

If NO, please give details of problems:

Physical Development

At what age was he/she walking without help?

Was his/her hand/eye co-ordination competent?

Was he/she good at games and sports?

Speech

At what age did he/she begin to talk?

Was English the only language spoken at home?

Did he/she have experience of speaking other languages?

Did he/she find any speech sounds difficult to make?

Did he/she express his/her ideas clearly in words?

Attention

Did he/she have difficulty in concentrating?

Did he/she flit from one activity to another at home?

Was he/she forgetful of instructions?

Was he/she forgetful of where things have been left?

Birth and Early Childhood

Were there any unusual features or complication in pregnancy or birth?

Birth Weight

Mother's age at birth

Father's age at birth

Were there any unusual features or complications in early childhood?

Did he/she suffer from long standing ear, nose or throat problems?

Did he/she experience any allergy reaction?

Did he/she take any regular medication?

Please name drug and condition for which it was taken:

Did he/she have any serious injuries or accidents?
eg head injuries, broken bones, suffocations, etc.

Other Illnesses:

Extent, Severity and Persistence of Problems

Please describe below the time and effort that has been required to help him/her in the past.

Continue overleaf if necessary.

Signed

Date

Relationship to person:

MANY THANKS FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.