



Please complete and return this questionnaire before your child meets the educational psychologist. Your views and comments are valued, and provide an important backcloth to the assessment process. Please note, unless you indicate otherwise, your comments may be quoted, in part at least, in the educational psychologist's report.

CONFIDENTIAL

PARENTAL QUESTIONNAIRE

Child's Full Name

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?

Please give names of brothers and sisters

Are there any special family circumstances which affect your child's development?

Are there any other members of the family (including both parents' families) who have reading, spelling or language difficulties?

What sort of difficulties are these?

Name and Address of present school

Is it an independent or state school?

Name of present headteacher

How many other schools has your child attended?

Are there any special circumstances relating to school which have affected development?

What is your child's attitude to school?

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 subject areas does (s)he find difficult at present?

What subject areas is (s)he good at?

Previous support for your child's difficulties

Has your child had help from school?  
Please give details of this support

Has your child had help from outside school?

Has your child had any other help or treatment (eg visits to specialists, speech centres, etc)?

Please give details of any previous psychological assessment:

**Please provide photocopies of any past reports**

Vision and Hearing

Have your child's eyes been tested? YES / NO

Is vision within normal limits? YES / NO  
If NO, please give details of problems

Has your child's hearing been tested?<sup>†</sup> YES / NO

Is hearing within normal limits? YES / NO  
If NO, please give details of problems

Physical Development

At what age was your child walking without help? Months

Does your child fidget a lot?

Is your child's hand/eye co-ordination competent?

Is your child good at games and sports?

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<sup>†</sup> If necessary, arrange an assessment with Sarah Barlow RHAD MSHAA (Audiology), 1 St James Court, Friar Gate, Derby, DE1 1BT Tel: 01332 721851 Fax: 01332 600602

### Speech

At what age did your child begin to talk?

Is English the only language spoken at home?

Does your child have experience of speaking other languages?

Does (s)he find any speech sounds difficult to make?

Does your child express his/her ideas clearly in words?

### Attention

Does your child have difficulty in concentrating?

Does your child flit from one activity to another at home?

Is your child forgetful of instructions?

Is your child forgetful of where things have been left?

### Emotional Adjustment

Has your child shown any of the following

Approximate Age

Bed Wetting

Soiling

Temper Tantrums

Behavioural difficulties at home/in school

Nervousness

Timidity

Unusual fears or phobias

Nightmares

How well does your child get on with other children?

1. In the family

2. Outside the family

### 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?

Has your child suffered from long standing ear, nose or throat problems?

Does your child experience any allergy reaction?

Does your child take any regular medication?

Please name drug and condition for which it is taken

Has your child had any serious injuries or accidents eg head injuries, broken bones, suffocations, etc?  
Please give details

Other Illnesses

Extent, Severity and Persistence of Difficulties

Please describe what you know about the accuracy and fluency of your son/daughter's current basic skills. Describe the time and effort required to help with his/her progress.

Signed:

Date of Completion:

Relationship to Child: