



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 head teacher

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

IMPORTANT: if you are seeking special examination arrangements for GCSE or 'A' Level examinations, Michael will need the school's SENCo to complete our School Questionnaire prior to the assessment.

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
Please give details of problems (e.g. astigmatism, etc)

Has your child's hearing been tested? YES / NO

Is hearing within normal limits? YES / NO
Please give details of problems (e.g. glue ear, etc)

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?

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

Please indicate the presence of these with 'Y' or 'N'

| | Yes (Y) | No (N) |
|---|---------|--------|
| SPOKEN LANGUAGE | | |
| 1. Slow learning to talk (early childhood) | | |
| 2. Trouble recognizing words that rhyme (eg cat, ball, hat) (early childhood) | | |
| 3. Mispronounces and/ or confuses words that sound alike (<i>eg tornado for volcano</i>) | | |
| 4. Struggle to retrieve words: "It was on the tip of my tongue" | | |
| READING, WRITING AND SPELLING | | |
| 5. Trouble learning letters, letter-sounds, and/ or sounding out words (early childhood – school-age) | | |
| 6. Inaccurate reading of words | | |
| 7. Reading slow and effortful, need to reread | | |
| 8. Avoids reading aloud | | |
| 9. Poor spelling (e.g. may add, omit, or substitute vowels or consonants, prefixes or suffixes) | | |
| 10. Difficulty learning a foreign language | | |
| 11. Inability to complete timed tests | | |

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.

(Continue on separate sheet)

Signed:

Date of Completion:

Relationship to Child: