

## FAMILY QUESTIONNAIRE

This questionnaire is intended to help the school understand your child better. If you have concerns answering any questions, please leave it blank.

### I. GENERAL INFORMATION:

Child's full name \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

Current Address: \_\_\_\_\_

Person providing information: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Who does the child live with: \_\_\_\_ mother \_\_\_\_ father \_\_\_\_ both parents \_\_\_\_ other (specify)

Father: \_\_\_\_\_ Father's home phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Mother's home phone: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Guardian's home phone: \_\_\_\_\_

Please list all people in child's household:

name	relationship to child	age/grade	living in house?

Language(s) spoken at home \_\_\_\_\_ Primary language at home \_\_\_\_\_

Are biological parents of child currently: \_\_\_\_ married \_\_\_\_ separated \_\_\_\_ divorced \_\_\_\_ never married

\*If separated or divorced, who has legal custody? \_\_\_\_ mother \_\_\_\_ father \_\_\_\_ other (specify)

\*If separated or divorced, how do you feel your child has adjusted to the separation/divorce?

\_\_\_\_\_

\_\_\_\_\_

\*If joint custody, how much time is spent with each parent? \_\_\_\_\_

Are there other adults who have a *significant* part in raising your child? \_\_\_\_\_ yes \_\_\_ no  
If so, please indicated name and relationship(step-parent, grandparent, boy/girlfriend,  
etc.) \_\_\_\_\_

Have there been any significant changes in the home over the last *few years*? (Such as new marriages, deaths, births, address changes, family separations/divorce, parent dating, parent job change, money problems, etc.)

\_\_\_\_\_

What do you feel are your child's...

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

Please describe your concerns for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. HEALTH AND DEVELOPMENT:

### Pregnancy and Birth:

Is child your: \_\_\_\_\_ biological child \_\_\_\_\_ adopted child \_\_\_\_\_ foster child \_\_\_\_\_ other: \_\_\_\_\_

Pregnancy lasted: \_\_\_\_\_ weeks/months      Child's birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

Did the child go home from the hospital at the same time as the mother? \_\_\_\_\_ yes \_\_\_ no  
If no, explain why: \_\_\_\_\_

Were there any complications in pregnancy and delivery? \_\_\_\_\_ yes \_\_\_ no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### Health:

Describe the state of your child's current health: \_\_\_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor  
If poor, please list reason(s): \_\_\_\_\_

Is your child currently taking any medication? \_\_\_\_\_ Yes \_\_\_ No

If yes, please list medications and uses: \_\_\_\_\_

Has your child ever been identified as having a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, by whom, what age, & what disability? \_\_\_\_\_

Has your child ever received psychological counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is "yes", by whom (professional/agency) and when: \_\_\_\_\_

Has your child had any of the following?	Please describe and give details, dates, and/or age onset
Serious Illness	
Head Injuries	
Seizures or convulsions	
Surgery/Hospitalization	
History of Ear Infections	
Allergies and/or Asthma	
Vision Problems	
Hearing Problems	
Frequent Nightmares and/ or bedwetting	
Other health problem:	

Is there a family history for the following problems?	Biological family member with the history... (parent, sister, brother, grandparent, etc.)
Learning Difficulties (reading, math, writing, etc.)	
Speech or Language problem (articulation, etc.)	
Developmental Disorder (autism, Aspergers, etc.)	
Emotional Problems (depression, anxiety, etc.)	
Cognitive Disability	
School Failure (failing grades, dropout, etc.)	
Drug or Alcohol Addiction	

### III. BEHAVIOR

Please check all behaviors or characteristics that describe your child over the past year:

- |  |  |
|--|--|
| <input type="checkbox"/> Destructive behavior                    | <input type="checkbox"/> Appears depressed & unhappy much of the time      |
| <input type="checkbox"/> Is affectionate with family and friends | <input type="checkbox"/> Explosive temperament                             |
| <input type="checkbox"/> Responds well to authority figures      | <input type="checkbox"/> Frequently complains about aches and pains        |
| <input type="checkbox"/> Boundless energy and poor judgment      | <input type="checkbox"/> Appears to have low self-esteem                   |
| <input type="checkbox"/> Withdrawn and/or sullen                 | <input type="checkbox"/> Prefers to be alone (or considers self "a loner") |
| <input type="checkbox"/> Cruel to animals                        | <input type="checkbox"/> Starts fires                                      |
| <input type="checkbox"/> Disorganized, loses things often        | <input type="checkbox"/> Lacks motivation                                  |
| <input type="checkbox"/> Sudden outburst of aggression           | <input type="checkbox"/> Steals or lies                                    |
| <input type="checkbox"/> Appears to daydream often               | <input type="checkbox"/> Becomes upset with change                         |
| <input type="checkbox"/> Easily frustrated                       | <input type="checkbox"/> Fearful   |
| <input type="checkbox"/> Shifts from one activity to another     | <input type="checkbox"/> Frequent peer and/or family conflicts             |
| <input type="checkbox"/> Has difficulty playing quietly          | <input type="checkbox"/> Does not appear to listen to what is being said   |
| <input type="checkbox"/> Requires a lot of parent attention      | <input type="checkbox"/> Always worrying about something                   |
| <input type="checkbox"/> Fidgets or squirms in seat              | <input type="checkbox"/> Nervous habits (nail biting, hair twirling, etc.) |

#### Home Behavior

How often are the following settings a problem for your child? *Doesn't follow directions/rules, needs reminders, arguments/fights, whines/cries, fidgets/squirms, etc.*

- |  |  |
|--|--|
| -While getting ready for school...               | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -When eating at the dinner table                 | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -When playing by him/herself                     | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -When playing with others (siblings, etc.)       | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -When with a babysitter or at daycare            | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -In public places where needs to behave          | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -When in a car...                                | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -When watching TV or playing a video game        | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -During sit-down homework time...                | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |
| -When told to do something they don't want to do | <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequently |

How would you describe your child's personality at home?

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How does your child get along with brothers/sisters?

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Which adult would your child prefer to talk with about a problem? \_\_\_\_\_

Who is the family member that your child feels closest? \_\_\_\_\_

What is the most effective way to deal with your child's behavior problems at home?  
(spanking, talking, positive reinforcement, time-out, grounding, etc.) \_\_\_\_\_

How does your child respond to discipline? \_\_\_\_\_

List any responsibilities your child has at home: \_\_\_\_\_

Indicate a child's... Bedtime? : pm Wake time: : am Does your child sleep well? \_\_\_\_\_

How much time does your child typically spend on electronic media?  
Watching TV: \_\_\_\_\_ hrs./day Playing video/computer games: \_\_\_\_\_ hrs./day Other: \_\_\_\_\_ hrs./day

Have any family members expressed concerns about your child's behavior: \_\_\_\_\_ yes \_\_\_ no

### **Social Behavior**

How would you describe your child's peer relationships and choice of friends? (ie: How many friends? What age/genders? Is child shy, outgoing, a leader, a follower, etc.? Does the child associate w/ scholars or troublemakers?)

\_\_\_\_\_

How does your child interact with children in the neighborhood? \_\_\_\_\_

\_\_\_\_\_

### **Educational History**

How does your child feel about school? \_\_\_\_\_

How motivated do you feel your child is to learn? \_\_\_\_\_

About how much time does your child spend on homework each night? \_\_\_\_\_

How much of a struggle is homework? \_\_\_\_\_ not a struggle \_\_\_\_\_ sometimes \_\_\_\_\_ often

Each section of this informal measure represents one component of information processing. Along with helping us better understand how your child processes information; it will also be used to determine appropriate programming. Please rate your child on the following behaviors by checking Strength, Typical, or Difficult. In considering your ratings, it may be helpful to compare your child to siblings or his/her other same age friends.

<i>Compared to other children of the same age, how well does your child...</i>	<i>This is a strength or is an easy skill for my child</i>	<i>My child does this most of the time/ typical of other kids</i>	<i>This is difficult for my child/ he/she requires help</i>
<b>Acquisition of Information</b>	<b>Strength</b>	<b>Typical</b>	<b>Difficult</b>
Learn new information the first time it is told to them			
Work on homework despite distractions			
Take new information and connect it to things he/she already knows (i.e. when reading a story, making connections to things in his/her life)			
<b>Organization</b>	<b>Strength</b>	<b>Typical</b>	<b>Difficult</b>
Keep his/her bedroom organized			
Locate appropriate materials to complete homework			
Take appropriate materials to activities (i.e. piano or dance lessons)			
<b>Planning and Sequencing</b>	<b>Strength</b>	<b>Typical</b>	<b>Difficult</b>
Prioritize tasks (i.e. know the most important thing to work on first)			
Follow a schedule			
Write or tell you logical stories			
Completes chores on time			
<b>Working Memory (Verbal/Visual/Spatial)</b>	<b>Strength</b>	<b>Typical</b>	<b>Difficult</b>
Follow two- and three- step directions			
Remember things like other people's names			
Immediately tell you information about something he/she read or saw			
Immediately tell you information about something he/she just heard			
Understand directions without having them repeated			
<b>Visual Processing</b>	<b>Strength</b>	<b>Typical</b>	<b>Difficult</b>
Notice differences in pictures, letters, words, objects			
Follow directions presented visually (i.e. cooking, making a craft)			
Notice if things change in his/her surroundings (i.e. new posters or signs, different position for furniture)			
<b>Auditory Processing</b>	<b>Strength</b>	<b>Typical</b>	<b>Difficult</b>
Work on homework or other work despite distracting sounds			
Remember directions and stories told to them verbally			
Understand questions and directions without needing them repeated			

<b>Processing Speed</b>	<i>Strength</i>	<i>Typical</i>	<i>Difficult</i>
Respond in acceptable amount of time when having a conversation			
Complete tasks efficiently			
Discuss and have conversations with others			
Learn new things easily			
<b>Expression (Verbal/Nonverbal)</b>	<i>Strength</i>	<i>Typical</i>	<i>Difficult</i>
Speak without having difficulty finding the words they want to use			
Talk at a pace that is easy to understand (i.e. not too fast, not overly slow)			
Use appropriate gestures when communicating if needed			
Easily engage in conversation with peers and adults			
<b>Transfer of Information</b>	<i>Strength</i>	<i>Typical</i>	<i>Difficult</i>
Correctly copy information (i.e. math problem from a book to paper on homework assignments)			
<b>Motor Control for Written Tasks</b>	<i>Strength</i>	<i>Typical</i>	<i>Difficult</i>
Print/write letters neatly and legibly			
Space letters, words, sentences, or numbers appropriately			
Color/ paint within the lines of a drawing or a sketch			

Please use this space to clarify any items or add additional comments: