

## RE-EVALUATION FAMILY QUESTIONNAIRE

This questionnaire is intended to gather updated information since the last evaluation. As you respond to the items, please share changes that have occurred within the *last few years*. If you feel uncomfortable answering a specific question, please leave it blank.

### I. GENERAL INFORMATION:

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

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?

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? \_\_\_\_\_

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.)

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

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

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

Please describe your concerns for your child:

\_\_\_\_\_

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

**Updates:**

Describe your child's current health: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor (If poor, please explain)

\_\_\_\_\_

Is your child currently taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please list medications and uses)

\_\_\_\_\_

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.?)

\_\_\_\_\_

\_\_\_\_\_

Please check any that describe your child:

- ☐ Lacks motivation
- ☐ Steals, lies or cheats
- ☐ Is not respectful to adults
- ☐ Does not respond well to authority figures
- ☐ Withdrawn and/or sullen
- ☐ Disorganized, loses things often
- ☐ Starts fires
- ☐ Appears depressed/unhappy often
- ☐ Destructive behavior
- ☐ Appears to have low self-esteem
- ☐ Appears to daydream or zone out
- ☐ Becomes upset with changes
- ☐ Frequent peer and/or family conflicts
- ☐ Does not appear to listen

- ☐ Does not apologize when wrong
- ☐ Does not help with chores around the house
- ☐ Is not affectionate with family members
- ☐ Boundless energy and poor judgment
- ☐ Cruel to animals
- ☐ Does not consider the feelings of others
- ☐ Gets frustrated easily
- ☐ Explosive temperament
- ☐ Frequently complains of aches and pains
- ☐ Prefers to be alone
- ☐ Does not accept responsibility for his/her behavior
- ☐ Fearfulness
- ☐ Shows sudden outburst of physical aggression
- ☐ Always worrying about something

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>	<b><i>Strength</i></b>	<b><i>Typical</i></b>	<b><i>Difficult</i></b>
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>	<b><i>Strength</i></b>	<b><i>Typical</i></b>	<b><i>Difficult</i></b>
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>	<b><i>Strength</i></b>	<b><i>Typical</i></b>	<b><i>Difficult</i></b>
Correctly copy information (i.e. math problem from a book to paper on homework assignments)			
<b>Motor Control for Written Tasks</b>	<b><i>Strength</i></b>	<b><i>Typical</i></b>	<b><i>Difficult</i></b>
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 share any additional information you feel would be helpful in understanding your child and helping them be successful at school.

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Thank you for taking time to share this information with us regarding your child.