

Parent Questionnaire

Instructions to Parents:

The purpose of this form is to get a large amount of information about the child before you come into the clinic, to plan our work for the child. Please answer all of the questions the best that you can. If you do not know the answer to a question, write "DO NOT KNOW" beside the question. If the answer asks about something that does not apply, or that the child does not know how to do yet, write "DOES NOT APPLY" or "NOT YET." If a question says to circle all that apply, circle as many answers as you need to describe the child. Write on the back or in the margins if it will help to give a clear answer. If you have any questions or problems filling out this form, please call (813) 974-1516.

CHILD'S NAME: _____
FIRST MIDDLE LAST

TODAY'S DATE: _____ GENDER(CIRCLE): RACE (CIRCLE):
MALE WHITE HISPANIC
FEMALE BLACK AMERICAN INDIAN
DATE OF BIRTH: _____ ASIAN OTHER: _____

CURRENT SCHOOL _____ GRADE: _____

CIRCLE ALL OF THE WORDS BELOW THAT DESCRIBE YOUR CHILD'S SCHOOL PROGRAM:

- E.H. CLASS E.M.H. CLASS T.M.H. CLASS S.L.D. CLASS
- GIFTED PROGRAM SPEECH VOCATIONAL HOMEBOUND
- PRIVATE SCHOOL E.E.L.P. RESOURCE ROOM EARLY LEARNING CENTER

I. REASON FOR REFERRAL

WHY IS THE CHILD BEING SEEN AT THE CLINIC? PLEASE LIST THE PROBLEMS.

WHEN DID YOU FIRST BEGIN TO NOTICE THESE PROBLEMS? WHAT MADE YOU THINK SOMETHING MIGHT BE WRONG?

WHAT WAYS HAVE YOU TRIED TO SOLVE THE PROBLEM?

HAVE THESE WAYS WORKED?

HOW HAVE THE PROBLEMS AFFECTED THE FAMILY/HOUSEHOLD?

ARE OTHER PEOPLE ALSO CONCERNED ABOUT THE CHILD? WHO?

WHAT DO YOU THINK MIGHT BE CAUSING THE CHILD'S PROBLEMS?

HAS THE CHILD EVER BEEN TESTED OR TREATED FOR THESE PROBLEMS? IF SO, PLEASE FILL IN THE BLANKS BELOW.

DATES SEEN	REASON SEEN	SEEN BY	RESULTS

II. FAMILY INFORMATION

MOTHER'S NAME: _____ DATE OF BIRTH: _____

CHILD'S MOTHER IS (CHECK ONE):

NATURAL MOTHER

STEPMOTHER

ADOPTIVE MOTHER

FOSTER MOTHER

OTHER: _____

FATHER'S NAME: _____ DATE OF BIRTH: _____

CHILD'S FATHER IS (CHECK ONE):

NATURAL FATHER

STEPFATHER

ADOPTIVE FATHER

FOSTER FATHER

OTHER: _____

WHO ELSE LIVES WITH THE CHILD?

NAME: _____ RELATION: _____

AGE: _____ PROBLEMS?: _____

NAME: _____ RELATION: _____

AGE: _____ PROBLEMS?: _____

NAME: _____ RELATION: _____

AGE: _____ PROBLEMS?: _____

NAME: _____ RELATION: _____

AGE: _____ PROBLEMS?: _____

DOES ANYONE ELSE IN THE FAMILY (IMMEDIATE AND EXTENDED) HAVE PROBLEMS SIMILAR TO THE PATIENT? _____

DOES ANYONE ELSE IN THE FAMILY HAVE ANY PROBLEMS? IF SO, WHAT?: _____

III. MOTHER'S PREGNANCY HISTORY

WHEN THE MOTHER WAS PREGNANT WITH THIS CHILD WAS SHE UNDER THE CARE OF A DOCTOR?

_____ YES _____ NO

HOW FAR ALONG IN THE PREGNANCY WAS THE MOTHER WHEN SHE STARTED SEEING A DOCTOR?

_____ MONTHS

WAS THE PREGNANCY WITH THIS CHILD A "PLANNED" PREGNANCY?

_____ YES _____ NO

DURING THIS PREGNANCY DID THE MOTHER HAVE ANY PROBLEMS? CHECK ALL THAT APPLY:

- _____ TOXEMIA
- _____ ECLAMPSIA
- _____ BLEEDING IN FIRST 3 MONTHS
- _____ BLEEDING IN SECOND 3 MONTHS
- _____ BLEEDING IN THIRD 3 MONTHS
- _____ FREQUENT VOMITING
- _____ SERIOUS INJURY
- _____ OTHER DISEASE DURING PREGNANCY
- _____ EMOTIONAL DISTRESS
- _____ THREATENED MISCARRIAGES OR EARLY CONTRACTIONS
- _____ USE OF CIGARETTES
- _____ USE OF ALCOHOL
- _____ USE OF VITAMINS AND IRON
- _____ MEDICATION DURING PREGNANCY (NOT COUNTING VITAMINS AND IRON)

PLEASE LIST: _____

_____ PLEASE LIST ANY OTHER PROBLEMS DURING THE PREGNANCY: _____

IV. BIRTH HISTORY

WAS THE CHILD BORN ON TIME? _____ YES _____ NO; HOW EARLY? _____ WEEKS

DELIVERY WAS: _____ HEAD FIRST _____ FEET FIRST _____ C-SECTION

DID THE BABY HAVE ANY PROBLEMS DURING LABOR (I.E., DROP IN HEART RATE, FAILURE TO PROGRSS, CORD AROUND NECK)?

_____ NO _____ YES; PLEASE LIST _____

DID THE BABY HAVE ANY PROBLEMS AFTER THE DELIVERY (I.E., NEED OXYGEN, JAUNDICE)?

_____ No _____ YES; PLEASE LIST: _____

DID THE BABY GO INTO THE NICU? _____ NO _____ YES; FOR HOW LONG? _____

WAS THE BABY DISCHARGED FROM THE HOSPITAL WITH MOM? _____ YES _____ NO

DID THE BABY HAVE ANY FEEDING PROBLEMS? _____ YES _____ NO

DID THE BABY NEED ANY MEDICAL TREATMENTS AFTER DELIVERY? _

_____ NO _____ YES; PLEASE LIST: _____

V. CHILD HEALTH HISTORY

HAS THE CHILD HAD ANY OF THE FOLLOWING? CHECK ALL THAT APPLY:

- _____ MENINGITIS
- _____ ENCEPHALITIS
- _____ HIGH FEVER (105 OR HIGHER)
- _____ TUBES SURGICALLY PLACED IN EARS
- _____ SEIZURES, CONVULSIONS, OR FITS
- _____ INJURIES TO THE HEAD
- _____ LOSS OF CONSCIOUSNESS
- _____ OTHER SERIOUS INJURIES (CAR ACCIDENT, BROKEN BONES, ETC.)

DOES THE CHILD HAVE ANY OTHER MEICAL CONDITIONS (PLEASE LIST)? _____

HOW MANY EAR INFECTIONS FIF THE CHILD HAVE BEFORE THE AGE OF 2 YEARS? _____

HOW MANY EAR INFECTIONS FIF THE CHILD HAVE AFTER THE AGE OF 2 YEARS? _____

HAS THE CHILD HAD ANY OPERATIONS OR ADMISSIONS INTO THE HOSPITAL? PLEASE DESCRBE: _____

PLEASE LIST ANY MEDICATIONS THAT THE CHILD IS CURRENTLY TAKING:

VI. DEVELOPMENTAL HISTORY

AT WHAT AGE DID THE CHILD SMILE?

- _____ MORE THAN 2 MONTHS
- _____ 1 TO 2 MONTHS
- _____ LESS THAN 1 MONTH

AT WHAT AGE DID THE CHILD ROLL OVER?

- _____ MORE THAN 5 MONTHS
- _____ 4 TO 5 MONTHS
- _____ LESS THAN 4 MONTHS

AT WHAT AGE DID THE CHILD SIT UP WITHOUT HELP?

_____ MORE THAN 8 MONTHS

_____ 7 TO 8 MONTHS

_____ LESS THAN 7 MONTHS

AT WHAT AGE DID THE CHILD CRAWL ON ALL FOURS?

_____ MORE THAN 10 MONTHS

_____ 9 TO 10 MONTHS

_____ LESS THAN 9 MONTHS

AT WHAT AGE DID THE CHILD WALK WITHOUT HOLDING ON TO ANYTHING?

_____ MORE THAN 15 MONTHS

_____ 13 TO 15 MONTHS

_____ LESS THAN 13 MONTHS

AT WHAT AGE DID THE CHILD RUN?

_____ MORE THAN 24 MONTHS

_____ 19 TO 24 MONTHS

_____ LESS THAN 19 MONTHS

AT WHAT AGE DID THE CHILD SAY HIS/HER FIRST WORD?

_____ MORE THAN 15 MONTHS

_____ 13 TO 15 MONTHS

_____ LESS THAN 13 MONTHS

AT WHAT AGE DID THE CHILD SAY 4 TO 10 WORDS?

_____ MORE THAN 24 MONTHS

_____ 17 TO 24 MONTHS

_____ LESS THAN 17 MONTHS

AT WHAT AGE DID THE CHILD SAY "NO" TO EVERYTHING?

_____ MORE THAN 26 MONTHS

_____ 21 TO 26 MONTHS

_____ LESS THAN 21 MONTHS

AT WHAT AGE DID THE CHILD USE 2 OR 3 WORD SENTENCES?

_____ MORE THAN 30 MONTHS

_____ 24 TO 30 MONTHS

_____ LESS THAN 24 MONTHS

AT WHAT AGE WAS THE CHILD FULLY BOWEL TRAINED?

_____ MORE THAN 4 YEARS

_____ 3 TO 4 YEARS

_____ LESS THAN 3 YEARS

_____ NOT YET BOWEL TRAINED

AT WHAT AGE WAS THE CHILD DRY AND NOT WETTING THE BED?

- MORE THAN 4 YEARS
 3 TO 4 YEARS
 LESS THAN 3 YEARS
 STILL WETTING THE BED

AT WHAT AGE DID THE CHILD SLEEP THROUGH THE NIGHT?

- MORE THAN 9 MONTHS
 5 TO 9 MONTHS
 LESS THAN 5 MONTHS

VII. BEHAVIORAL HISTORY

WHEN THE CHILD WAS A BABY, DID HE/SHE HOLD OUT ARMS AND WANT TO BE PICKED UP?

- NO YES

WHEN THE CHILD WAS A BABY, WAS HE/SHE SHY OR TIMID?

- NO YES

WHEN THE CHILD WAS A BABY, DID HE/SHE LIKE ATTENTION?

- NO YES

WHEN THE CHILD WAS A BABY, DID HE/SHE WANT TO BE LEFT ALONE?

- NO YES

WHEN THE CHILD WAS A BABY, WAS HE/SHE MORE INTERESTED IN THINGS THAN IN PEOPLE?

- NO YES

WHEN THE CHILD WAS A BABY, WAS HE/SHE STUBBORN?

- NO YES

HOW WOULD YOU DESCRIBE THE CHILD'S GENERAL MOOD AS A BABY (CHECK ONE)?

- EASY DIFFICULT
 SLOW TO WARM CHANGING FREQUENTLY WITH UPS AND DOWNS

AT THIS TIME, HOW WELL DOES THE CHILD GET ALONG WITH MOTHER?

- POOR FAIR GOOD

AT THIS TIME, HOW WELL DOES THE CHILD GET ALONG WITH FATHER?

- POOR FAIR GOOD

AT THIS TIME, HOW WELL DOES THE CHILD GET ALONG WITH SIBLINGS?

- POOR FAIR GOOD

AT THIS TIME, HOW WELL DOES THE CHILD GET ALONG WITH OTHER HOUSEHOLD MEMBERS?

- POOR FAIR GOOD

DOES THE CHILD PLAY WITH OTHERS HIS/HER AGE? _____ YES _____ NO

WHAT ARE THE CHILD'S STRENGTHS? _____

VIII. SCHOOL HISTORY

HOW OLD WAS THE CHILD WHEN HE/SHE STARTED SCHOOL/DAYCARE? _____

WHAT TYPE OF SCHOOL WAS IT? _____

WHAT IS THE CHILD'S ATTITUDE TOWARDS SCHOOL?

_____ POOR _____ FAIR _____ GOOD

WHAT IS THE CHILD'S ATTITUDE TOWARDS HIS/HER TEACHER?

_____ POOR _____ FAIR _____ GOOD

ACCORDING TO THE TEACHER, THE CHILD'S SCHOOL WORK IS...

_____ BELOW GRADE LEVEL _____ ON GRADELEVEL _____ ABOVE GRADELEVEL

IN MY OPINION, THE CHILD'S SCHOOL WORK IS...

_____ BELOW GRADE LEVEL _____ ON GRADELEVEL _____ ABOVE GRADELEVEL

IS THE CHILD IN ANY SPECIAL EDUCATION PROGRAM OR RECEIVING ANY ACADEMIC

ACCOMMODATIONS AT SCHOOL? _____ NO _____ YES, PLEASE LIST: _____

HAVE YOU HAD ANY DIFFICULTIES COMMUNICATING WITH THE SCHOOL?

_____ NO _____ YES