PARENT QUESTIONNAIRE (Re-Evaluation)

The purpose of this informational survey is to provide an introduction to your family and especially to your child. Please complete the questionnaire as carefully as you can. Some of your child's information given here will be included in the written report at the discretion of Dr. Hill; please note if there's anything in particular that you wish to be held in confidence. The questions asked are not necessarily indicative of "trouble". Most questions are based upon the normal occurrences in the regular growth patterns of childhood. Please attach additional sheets for any detailed account you may wish to provide.

Identifying Information

Child's Name _____ Birth Date: _____
First Middle Last Mo / Day / Yr

Address _____ Age: _____
Number/Street City Zip Code

Parent One Name _____ Age: _____

Occupation/Field_____ Self-Employed: Yes No

Employer _____ Position: _____

Highest Academic Grade Completed: _____

Telephone: Home _____ Office _____ Mobile _____

Parent Two Name _____ Age: _____

Occupation/Field_____ Self-Employed: Yes No

Employer _____ Position: _____

Highest Academic Grade Completed: _____

Telephone: Home_____Office_____Mobile_____

Email: _____

Divorced Parents:

Date of Divorce _____ Which parent is requesting this appointment for child?_____

Describe Custody Arrangements (sole, joint)_____

Give address of the noncustodial Parent _____

If Remarried, Date(s) of Remarriage(s) _____

With whom does child live? _____

Step-Parent Name(s)_____ Age: _____

Occupation _____ Self-Employed: Yes No

Employer _____ Position: _____

Telephone: Home _____ Office _____ Mobile _____

Person(s) living ***in the home*** with child:

	Name	Age	Legal Relationship
Parent One	_____	_____	_____
Parent Two	_____	_____	_____
Siblings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Child's siblings living ***outside the home***:

_____ _____ _____

_____ _____ _____

Other Languages Spoken fluently by Child: _____

Name of Child's School _____

Address _____ Telephone: _____

◊ Private School ◊ Public, _____ Independent School District (Texas)

Current Grade _____ Teacher's Name _____ Contact Name _____

Referred to this office by: _____

If child has been seen for previous evaluations and/or treatment (intervention), please provide the following information:

Name of Professional/Agency/School:	For Purpose Of (e.g. speech, OT, ADHD)	Year/Age Assessed or Treated
_____	_____	_____
_____	_____	_____

Please list any previous diagnoses: _____

Why did you bring your child for the current evaluation? Do you have a primary concern?

_____

_____

What information do you expect to gain from this evaluation?

_____

_____

Reason for Referral

◊ No concerns, but interested in learning profile
◊ Academic concerns (e.g. reading, math, auditory processing): Specify _____
◊ Attention concerns
◊ Emotional concerns
◊ Learning strategies
◊ School placement
◊ Obtaining services at school
◊ Obtaining private services (e.g. tutoring, counseling, etc.)
◊ Any additional concerns: _____

Child's pediatrician/physician _____

Have you discussed child's difficulties with this Doctor? ◊ Yes ◊ No _____

PLEASE √ THE ANSWERS THAT MOST ACCURATELY APPLY

Growth and Development

Motor Development

Note any changes in general coordination or fine motor skills:

_____

List interventions that have been provided and at what ages:
OT: _____
PT: _____
Other: _____

Speech/Language Development

Note any changes in speech or language skills:

_____

List interventions that have been provided and at what ages:
Speech therapy for articulation: _____
Speech therapy for expressive/receptive language: _____
Other: _____

Self-Help Development

Comments: _____

Nutrition: Please note the frequency in which your child has the following:

	Often	Sometimes	Rarely
Carbs			
Protein			
Veggies			
Fruit			
Chips/crackers			
Sweets			
Soft drinks / caffeine			
Multivitamin			

Are you generally satisfied with your child's nutrition? ◊ Yes ◊ No Comments: _____

Sensory:

	No Concern	Oversensitive	Undersensitive
Loud or unexpected noise			
Background noise			
Crowds			
Personal Space			
Hugs			
Clothing			
Bright light			
Food taste/texture			
Smell			

Sleeping:

Child's sleep is: ◊ Restful ◊ Restless Sleeps through the night: ◊ Yes ◊ No # of hours sleep/night: _____

Set bedtime: ◊ No ◊ Yes, _____ p.m. Naps during daytime: ◊ Yes ◊ No

Bedroom is shared: ◊ No ◊ Yes, with _____ (Why? Fears?_____)

Child sleeps with parents: ◊ No ◊ Yes, (reason:) _____ How Often?_____

Bedtime rituals: ◊ No ◊ Yes, _____

Has nightmares: ◊ No ◊ Yes, _____

Has fears: ◊ No ◊ Yes, _____

Talks in sleep: ◊ Never ◊ Often ◊ Frequently Sleepwalks: ◊ Never ◊ Often ◊ Frequently

Sleeps with special toys/blanket/pillow, etc. ◊ No ◊ Yes, (explain) _____

Comments about sleep: _____

_____

Have there ever been any regressions in any areas of development?

◊ No ◊ Yes (explain) _____

_____

Sense of Identity

How do you think that your child feels about self?_____

Does child say "I'm no good", "no one likes me", "I never do anything right", etc: ◊ Never ◊ Often ◊ Frequently

Child approaches activities: ◊ With confidence ◊ With reluctance ◊ Other _____

Comments: _____

Expression of Feelings

Child shows affection easily: ◊ Yes ◊ No Child likes(d) to be cuddled/held when young: ◊ Yes ◊ No

Child clings to parent(s): ◊ Yes ◊ No Seems afraid of separation from parent(s): ◊ Yes ◊ No

Child afraid of strangers: ◊ Yes ◊ No _____

Child has frequent temper tantrums: ◊ Yes ◊ No When? _____

Method for handling tantrums in family: _____

Child strikes out at you and other family members: ◊ Yes ◊ No Plays too rough with pets: ◊ Yes ◊ No

Child is very sensitive: ◊ Yes ◊ No Feelings easily hurt: ◊ Yes ◊ No

Child: ◊ cries a lot ◊ seems sad ◊ is moody ◊ frequently mopes ◊ needs much structure

◊ gets overexcited easily ◊ seems tense/anxious much of the time ◊ not adaptable/flexible

Child's interpersonal/emotional strengths?_____

Child's interpersonal/emotional weaknesses?_____

Comments_____

Play, Peers and Other Activities

Child seems content with friendships: ◊ Yes ◊ No _____

Number of friends child has: ◊ many ◊ some ◊ few ◊other _____

Friends' ages: ◊ same-age or grade ◊ older ◊ younger Prefers: ◊ older OR ◊ younger children

Shares belongings easily: ◊ Yes ◊ No Prefers: ◊ loud, active play OR ◊ quiet play OR ◊ Balance of both

Frequently plays alone: ◊ No ◊ Yes (Why?)_____ Can "stick up for" self: ◊ Yes ◊ No ◊ Sometimes

Does child have <u>difficulties</u> with friendships/social interactions? If so, describe _____

_____

Special talents, interests or hobbies:_____

Participates in Scouts, sports teams, or other organized activities or groups; which ones? ◊ No ◊ Yes,_____

_____

Specific "chores" at home: ◊ No ◊ Yes, include:_____

_____ Is child responsible in completing these duties: ◊ Yes ◊ No

Comments: _____

_____

Discipline

Is discipline of child a problem--at home or at school? _____

Who handles most of the discipline in your home? _____

How is discipline most often handled?_____

_____

General Medical Health

Child's health is: ◊ Excellent ◊ Good ◊ Poor

Accidents: ◊ No ◊ Yes, _____
Type Age(s)

Hospitalizations/Procedures: (e.g. ear infections, concussions, surgeries)

◊ No ◊ Yes, _____
Reason Age(s)

If history of concussion, please explain details: _____

Illnesses other than usual childhood illnesses: _____

Child on medication: ◊ No ◊ Yes, _____
Name of Medication Dosage

_____
Reason for Medication Monitoring Physician

Child ever on Medication for attentional, emotional or other similar issues (Describe)_____

Educational History

COMPLETE NAME OF SCHOOLS ATTENDED	LOCATION (CITY)	Give Age for Preschool/ Give GRADE for School
PRESCHOOL		Ages
ELEMENTARY / SECONDARY		Grades

Child ever received tutoring: ◊ No ◊ Yes, _____
Grade Level Subjects Tutor's Name

Does your child presently receive accommodations at school (e.g. extended time, re-explanation of directions)?

◊ No ◊ Yes, specify: _____

Child received special education services [Jump Start, Resource Room/remedial program]:

◊ No ◊ Yes,_____
Grade Levels Subject(s)

Child has been RETAINED (Repeated a grade/year) in preschool or in school: ◊ No ◊ Yes, _____Grade

Child completed pre-primary (or K-1 or Transition) class between Kindergarten and first grade: ◊ No ◊Yes

Was entrance into Kindergarten delayed? ◊ No ◊ Yes, decision made by ◊ Parents ◊ Other _____

Have school officials ever suggested/recommended retention in a grade but recommendation not accepted by your family?

◊ No ◊ Yes, _____ Grade

Have you been generally pleased with your child's teachers: ◊ Yes ◊ No

Strongest academic or developmental area: Weakest academic or developmental area: Subjects child enjoys most:

_____ _____ _____

If school-aged, what do you ***estimate*** is child's reading level?_____ math level?_____

Did child have difficulty learning to read? ◊ Yes ◊ No Has child completed the SAT? ◊ Yes ◊ No

Please note any family history of learning difficulties, attentional, behavioral or other similar problems:

in Parent One Family in Parent Two Family

_____ _____

_____ _____

_____ _____

Have you as parent(s) or the child's school(s) noticed/suspected any problems with the following:

	Parent(s)	School(s)		Parent(s)	School(s)
Attention span	◊	◊	Personality "conflict" with teacher	◊	◊
Concentration	◊	◊	Poor organization	◊	◊
Distractibility	◊	◊	Loses school work	◊	◊
Activity level	◊	◊	Can't remember assignments	◊	◊
Fidgetiness	◊	◊	Forgets to bring work home	◊	◊
Frustration for school work	◊	◊	Getting started on work	◊	◊
Explosiveness	◊	◊	Completing work	◊	◊
Withdrawal	◊	◊	Remembering to turn in work	◊	◊
Worried about schoolwork/tests	◊	◊	Won't do homework	◊	◊
Takes a long time to do work	◊	◊	Can't work independently	◊	◊

Does the child have a designated space for homework that is effective? _____ Yes _____ No

Average daily time spent on homework: _____

Does amount of time spent on homework seem: _____ Too Long _____ Appropriate _____Too Little

Other: _____

ATTENTION, IMPULSIVITY, AND ACTIVITY PROBLEMS

DIRECTIONS: For each item, place an "X" in the category that applies to your child, *compared to most children of the same age*. **Please note the age range the behavior was observed** (e.g. always, 3-5 yrs, 10-15 yrs)
Severe: Occurs frequently, daily; **Moderate**: Occurs fairly often; **Mild/Not a Problem**: Occurs rarely **Age**: when symptoms seen

		Severe	Moderate	Mild/ Not Present	Age Range of Symptom
1	Is forgetful of daily activities				
2	Makes careless errors or fails to give close attention to details				
3	Avoids or dislikes engaging in tasks that require sustained mental effort				
4	Gets distracted easily by extraneous stimuli				
5	Does not follow through on instructions or tasks (e.g. chores, homework)				
6	Difficulty sustaining attention in tasks or play activities				
7	Often doesn't seem to hear what you say				
8	Often loses items necessary to tasks or activities [e.g., toys, books, pencils]				
9	Stares or listens to outside noises for long periods				
10	Confused, seems to be in fog				
11	Has difficulty awaiting turn in games or group situations				
12	Often blurts out answers to questions before they have been completed				
13	Often interrupts or intrudes [e.g., butts into other's games]				
14	Acts without thinking, does things on impulse				
15	Doesn't learn from experience				
16	Seems to do things the hard way; has difficulty organizing work				
17	Needs a lot of supervision (more than expected for child's age)				
18	Often fidgets with hands or feet or squirms in seat				
19	Has difficulty remaining seated [e.g., meals, storytime]				
20	Often shifts from one uncompleted activity to another				
21	Has difficulty playing quietly				
22	Often talks excessively				
23	Mind seems overactive				
24	Body is in constant motion; always on the go				
25	Has an excessive number of accidents				
26	Breaks things around the home				
27	Is hard to control on long car trips				
28	Can't keep hands to himself/herself				
29	Moves about excessively during sleep				
30	Body is underactive				

At some time during their lives, most children show some of the symptoms listed below. For each item, please check the column that best describes your child, *compared to peers*. Please include symptoms that, while no longer present, were a problem in the past. FOR EACH SYMPTOM PRESENT - NOW OR IN THE PAST - give the ages when the problem occurred and indicate any pertinent information near the item or in the space at the end of the checklist.

Severe: Occurs frequently, daily; **Moderate**: Occurs fairly often; **Mild/Not a Problem**: Occurs rarely **Age**: when symptoms seen

	SYMPTOM	SEV	MOD	NOT	AGE
	DISRUPTIVE BEHAVIOR				
1	Often loses temper				
2	Often argues with adults				
3	Openly disobeys authority				
4	Deliberately does things that annoy others				
5	Often blames others for own mistakes				
6	Irritable or easily annoyed by others				
7	Often angry and resentful				
8	Often spiteful or vindictive				
9	Often swears or uses obscene language				
10	Very stubborn				
11	Negativistic [does the opposite of what is asked]				
12	Quietly defies authority even if pretends or verbalizes cooperation				
13	Dawdles, procrastinates				
14	Steals				
15	Runs away from home				
16	Often lies				
17	Sets fires				
18	Often truant from school				
19	Has broken into a house, building or car				
20	Deliberately destroyed others' property				
21	Physically cruel to animals				
22	Forced someone into sexual activity with him/her				
23	Used a weapon				
24	Often initiates physical fights				
25	Has stolen w/ confrontation of victim [e.g.,mugging]				
26	Physically cruel to people				
27	Gets in trouble with neighbors				
28	Gets in trouble with police				
29	Abuses drugs or alcohol				
30	Has little guilt over behavior that hurts others				
31	Does not respond to punishment for anti-social behavior				

	SYMPTOM	SEV	MOD	NOT	AGE
	IMMATURE BEHAVIOR				
32	Thumb-sucking or finger sucking				
33	Uses baby talk				
34	Has an imaginary companion				
35	Low frustration tolerance				
36	Excessive demands [for attention, objects, etc.]				
37	Cries, pouts, whines, or sulks easily and frequently (circle ones that apply)				
38	Frequently tries to avoid responsibility				
39	Generally immature (acts younger than age) or too dependent on others				
	FEARS AND WORRIES				
40	Worry that something bad will happen to parents				
41	Fear that parents will leave and not return				
42	Worry that something bad will happen to him/her [e.g., kidnapping]				
43	Reluctance or refusal to attend school, often ill on school days				
44	Fear of sleeping alone				
45	Fear of sleeping away from home				
46	Fear of being alone, stays close to parents				
47	Excessive distress in anticipation of separation from parents				
48	Excessive distress while separated from parents				
49	Fear of going away to camp				
50	Excessive worry about future events				
51	Excessive worry about the appropriateness of past behavior				
52	Excessive worry about abilities [e.g. athletic, academic], is perfectionistic				
53	Frequent complaints of aches and pains				
54	Easily embarrassed, or seems very self-conscious				
55	Excessive need for reassurance				
56	Excessive worries and tension, seems unable to relax				
57	Anxiety attacks with heart pounding, shortness of breath, sweating, etc.				
58	Fears of heights, open or closed spaces, elevators, or other concerns (circle)				
59	Fear of new situations or strangers				
60	Fear of animals				
61	Fear of death				
62	Fear of dark				
63	Specify other fears:				

	SYMPTOM	SEV	MOD	NOT	AGE
	PEER RELATIONS				
64	Plays alone too much (when playmates are available)				
65	Has few, if any, real friends				
66	Has mostly friends of the opposite sex				
67	Has mostly younger friends (children NOT in same grade)				
68	Has mostly older friends (children NOT in same grade)				
69	Does not seek friendships				
70	Is rarely sought by peers				
71	Is slow to make friends				
72	Loses friend easily				
73	Is not liked by other children				
74	Gets picked on, or bossed, by other children				
75	Often bullies, hits, or teases other children				
76	Insists on having his/her own way with peers				
77	Is not aware of the needs and feelings of others				
78	Brags or boasts excessively				
79	Is excessively competitive				
80	Often cheats while playing games				
81	Is a "sore loser"				
82	Is gullible, easily led				
	SOCIAL RELATIONS				
83	Shows poor common sense in social situations				
84	Often feels cheated or picked on				
85	Suspicious, distrustful				
86	Shy or withdrawn				
87	Backs off from affectionate physical contact				
88	Fears asserting self				
89	Inhibits open expression of anger				
90	Excessive desire to please authority, is "too good"				
91	Often appears insincere, artificial				
92	Frequently acts older than actual age				
93	Frequently blames others for own shortcomings				
94	Gets along poorly with brothers and sisters				
95	Has low self-esteem, does not respect self				
96	Lacks confidence, feels inadequate, criticizes self				
97	Asks to be punished				
98	Dissatisfied with physical appearance				
99	Excessively modest regarding bodily exposure				

	SYMPTOM	SEV	MOD	NOT	AGE
100	Has little regard for personal appearance or hygiene				
101	Has little regard for, or pride in, personal property				
	MISCELLANEOUS PROBLEMS				
102	Eats things that are not food				
103	Picky eater				
104	Passes feces into inappropriate places [e.g. pants or floor]				
105	Wets bed or pants often				
106	Trouble falling or staying asleep (circle which ones)				
107	Frequent nightmares or night terrors [panics]				
108	Sleep walking or sleep talking (circle which ones)				
109	Is often tired				
110	Excessive sexual interest and preoccupation				
111	Excessive masturbation				
112	Often wishes to be the opposite sex				
113	Frequently likes to wear clothing or exhibit gestures of the opposite sex				
114	Bites fingernails or chews on objects				
115	Pulls hair or picks at nose, skin, etc.				
116	Bangs head or rocks body				
117	Nervous movements or twitches [e.g., eye blinking; facial grimacing; neck twitching]				
118	Involuntary grunts or vocalizations				
119	Stutters, stammers, or speaks rapidly with poor phrasing (circle which ones)				
120	Persistently refuses to talk in certain situations [e.g. school; with strangers]				
121	Usually sad				
122	Often feels hopeless				
123	Does not respond with pleasure to praise				
124	Talks about or attempts suicide				
125	Fantasizes excessively ["lives in own world"]				
126	Shows little emotion [flat emotional tone]				
127	Hears things that are not there				
128	Sees things that are not there				
129	Repeats certain acts over and over				
130	"Gets hooked" on certain ideas or topics of conversation				
	ADDITIONAL INFORMATION REGARDING SPECIFIC ITEMS ABOVE				

Please describe your child's strengths and talents. What do you like most about your child? What do others like about your child?

_____

_____

_____

_____

_____

_____

_____

What other information would be useful for Dr. Hill to know about your child before conducting the scheduled evaluation?

_____

_____

_____

_____

_____

_____

This questionnaire completed by:

Signature_____

Circle: Parent One Parent Two Both Parents

Date: _____

RETURN WITH SIGNATURE FORMS AT THE TIME OF TESTING