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Parent Questionnaire for Children and Adolescents – Re-eval Update

Please answer the following questions carefully and completely. Your answers will help us greatly in our understanding of your child. The questionnaire will be reviewed with you, so it will be possible to discuss your answers.

Child's Name: _____ Date _____
Nickname _____ Age: _____ Date of Birth: _____
Name of legal guardians: _____
Person completing form: _____ Relation to child: _____
Day phone: _____ Cell phone: _____
Mailing Address: _____
Email: _____

Current Concerns

Please list, in order of urgency, the problem(s) your child is experiencing at this time:

A. _____

B. _____

C. _____

D. _____

E. _____

Family Situation

Who is the child currently living with currently? *Please Circle*

both natural parents	natural mother	grandparents
stepmother / stepfather	natural father	other (*describe)*
adoptive parents	foster parents	

Siblings (gender and age): _____

Medical Information

1. Has your child had any serious illnesses, injuries, or hospitalizations since the previous evaluation? _____

2. Any new medical concerns? _____

3. The physician who referred my child for evaluation is _____

4. My child's present medications are _____

5. Please list therapies currently receiving _____

9. Please describe any changes in your child's eating habits. _____

10. Please describe your child's present sleep habits. _____

School

1. Current grade ____ School _____ District _____

5. Please indicate current services in the school setting:

_____ Head Start

_____ PPCD

_____ Section 504 plan

_____ Early Reading Program (Title I)

_____ Speech Therapy

_____ Physical Therapy

_____ Occupational Therapy

_____ School Counselor

_____ Resource Room

_____ Self-Contained Classroom

_____ Special Education Services

_____ Inclusion Services

If your child is in special education, please circle their current eligibility category

Speech Impairment

Autism

Learning Disability

Intellectual Disability

Emotionally Disturbed

Traumatic Brain Injury

Other Health Impaired

Other: _____

What are the current school concerns (learning and behavioral)? _____

_____

_____

_____

_____

_____

6. Please rate your child's current school performance (*circle one)*

Reading:	Failing	Below Average	Average	Above Average
Written Expression:	Failing	Below Average	Average	Above Average
Math:	Failing	Below Average	Average	Above Average
Spelling:	Failing	Below Average	Average	Above Average

Handwriting: No Concerns Poor letter formation Poor Spacing
Immature Grip Letter Reversals Too Much Pressure
Too Little Pressure Other: _____

8. Has your child had any school evaluations since the previous clinical evaluation?
_____

_____

Social Functioning

1. Compared to other children of your child's age, how well does your child:

		Circle one	
Get along with siblings:	Worse	Same	Better
Get along with other children	Worse	Same	Better
Behave with his/her parents	Worse	Same	Better
Play/work by self	Worse	Same	Better
Behave in public (restaurants, etc)	Worse	Same	Better
Behave with babysitters	Worse	Same	Better
Behave at daycare or school	Worse	Same	Better

2. How does your child relate to others? *(Please checkmark next to words that describe your child)*

_____ affectionate	_____ fun-loving	_____ self-conscious
_____ annoys	_____ generous	_____ selfish
_____ cruel	_____ impulsive	_____ serious
_____ curious	_____ jealous	_____ shy
_____ easily angered	_____ lazy	_____ show-off
_____ easily embarrassed	_____ lonely	_____ suspicious
_____ easily mislead	_____ mean	_____ teases
_____ easily upset	_____ no friends	_____ tense
_____ fearful	_____ quiet	_____ trusting
_____ fights	_____ resentful	_____ withdraws
_____ friendly	_____ rough	

3. How does your child relate to his/ her parents? *(Please checkmark next to words that describe your child)*

_____ afraid	_____ easily controlled	_____ talks back
_____ angry	_____ helpful	_____ tells lies
_____ asks for help	_____ hits	_____temper tantrums
_____ bosses	_____ ignores	_____ tries to please
_____ comforts	_____ obedient	_____ uncontrollable
_____ cooperative	_____ pouts	_____uncooperative
_____ cries	_____ seeks attention	_____ withdraws
_____ disobedient	_____ shares feelings	_____ yells

4. Please list your child's special strengths, talents, and abilities: _____

_____

_____

5. Please describe any unusually positive or negative relationships this child has with important people in his/ her life: _____

_____

_____

6. Please provide any additional information that will assist the examiner in obtaining relevant information regarding your child's difficulties _____

_____

_____

_____