

**CONFIDENTIAL FAMILY QUESTIONNAIRE**

Child's Full Name:.....

Date of Birth:..... Age:.....years.....months.....

Home Address.....

.....

.....Postcode.....

Telephone No. (Daytime).....(Evening).....

Name of person requesting assessment:.....

Father's occupation:.....Mother's occupation:.....

Children in the Family:	Name	Boy/Girl	Age
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1 <sup>st</sup> Child.....			
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2 <sup>nd</sup> .....			
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3 <sup>rd</sup> .....			
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4 <sup>th</sup> .....			
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Others.....

Are there any special family circumstances that affect the child's development?

(e.g. family united/separated)

Are there any other members of the family (including both parents' families) who have reading, spelling or language difficulties?

**HEALTH**

Birth weight:                      Were there any unusual complications in early childhood?

Is your child's health good at present?

Does he/she take any regular medication?

If yes, please name the drug and the condition it is taken for:

Has your child had any serious injuries or accidents, e.g. head injuries, broken bones, fevers resulting in high temperatures, suffocation, etc?

At what age did his/her learning difficulties first come to your attention?

### **SPEECH**

At what age did your child say his/her first words?.....months. Short sentences?.....

Is English the only language spoken at home?

Does your child have lengthy experience of speaking other languages?

Does he/she find any speech sounds difficult to make?

Does he/she express ideas clearly in words?

### **PHYSICAL DEVELOPMENT**

At what age was your child walking without help?

Was your child overactive as a toddler?

Is his/her hand/eye coordination competent?

Is your child good at games and sports?

Is your child left or right-handed?

Does he/she switch implements from hand to hand?

Are there any left handers in the immediate family?

**VISION AND HEARING**

Have your child’s eyes been tested by an ophthalmologist? YES/NO

and is vision within normal limits? YES/NO If NO, please give details of problem:

Has your child’s hearing been tested? YES/NO

and is it within normal limits? YES/NO If NO please give details of problem:

**MEMORY**

Is your child forgetful of:

- A list of instructions?
- Where he/she has left things?

Does he/she have long-term memory difficulties?

Does he/she have concentration and attention difficulties?

**EMOTIONAL ADJUSTMENT**

How well is your child motivated to work in school? Low/Average/High

Has your child shown any of the following to a significant degree?

- |  | Approximate Age |
|--|-----------------|
| • Bed wetting                                | .....           |
| • Soiling                                    | .....           |
| • Temper Tantrums                            | .....           |
| • Behavioural difficulties at home/in school | .....           |
| • Nervousness or timidity                    | .....           |
| • Unusual fears or phobias                   | .....           |
| • Jealousy or envy                           | .....           |

How well does he/she get on with other children:

- In the family?
- In the school?

**SCHOOL HISTORY**

Name and address of present school:.....

.....

Is it an independent, grant maintained or local authority school?

Name of present school Headteacher:

Other schools your child has attended (in date order):

Name

Date

1:.....

2:.....

3:.....

Are there any special circumstances relating to school which have affected your child's development?

What is your child's attitude to school?

Which subject areas does he/she find difficult at present?

Which subject areas is he/she good at?

**PREVIOUS TREATMENT OF CHILD'S DIFFICULTIES**

What is the school's attitude to your child's difficulties?

Has your child had help from school? Please give details.

Has your child had any other assessment or treatment., e.g. visits to specialists, speech centres, etc?

Please give details of any psychological assessment, including the name of the professional and date:

Please give details of any remedial help received:

Is a copy of any report enclosed?

**CHILD’S DIFFICULTIES AND SYMPTOMS**

Please describe below your child’s difficulties and your reasons for seeking this assessment.

Signed:.....

Print name/s:.....

Relationship to child:.....

Date:.....

