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BPS Register number: 37551

HCPC Register number: PYL16410

CONFIDENTIAL FAMILY QUESTIONNAIRE

Please complete the following questions.

A. PERSONAL DETAILS

1. Child's Name: _____
2. Child's Date of Birth: _____ Age: _____ years _____ months
3. Home Address: _____

4. Telephone Number: _____
5. E-mail address: -----
6. Father's Occupation: _____
7. Mother's Occupation: _____
8. Ages and gender of other children in your family:

9. Are there any other members of the family who have reading, spelling or language difficulties? If so, please describe.

10. Reason for referral: Who prompted the referral? What are your specific questions?

B. DEVELOPMENT AND BACKGROUND INFORMATION

1. Were there any complications at pregnancy or delivery? (e.g. forceps, breech, premature etc.)

2. Are there any health problems? Does your child take any regular medication? Were there any accidents or head injuries?

3. Were there any complications in early childhood development?
(e.g. long separation from parents, early motor development, speech development)

4. Is your child's vision within normal limits? When and where was it last tested? If any report is available please attach a copy.

5. Is your child's hearing within normal limits? When and where was it last tested? Please attach a copy of a report, if available.

6. Does your child have any motor difficulties? (e.g. hand-eye co-ordination, clumsy, ball games, writing)

7. Is your child left or right handed? _____

8. Does your child have any speech difficulties? (late to start speaking, stammers, lisps, problems to pronounce certain speech sounds, difficulty in retrieving names of objects or persons)

9. Does your child speak any other language? If yes, which one and where did he learn it.

10. Is your child forgetful of instructions or where he/she has left things?

11. Does your child have concentration and/or attention difficulties?

12. Does your child show any of the following:

- Bed wetting -----
- Soiling -----
- Temper tantrums -----
- Behavioral difficulties at home -----
- Behavioral difficulties at school -----
- Nervousness or timidity -----
- Unusual fears or phobias -----
- Nightmares or disturbed sleep -----
- Social/communication problems with peers-----
- Social/communication problems with adults-----

Please describe in more details if you have answered "yes" to any of the above:

13. Does your child attend outside of school or as extra curricular in school activities (clubs etc.)?

14. Please describe your child's attitude to peers (please circle)

Friendly Popular Dominant Submissive Aggressive Normal Withdrawn
Prefers older children Prefers younger children Prefers adults

15. Please indicate how you see your child's social and emotional development on a scale of 1 to 4 (1= no concern; 4= significant concern)

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Making and keeping friends | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> Self-esteem | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> Anxiety level | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> Depression | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> Anger management | 1 | 2 | 3 | 4 |
| <input type="checkbox"/> General mood in school | 1 | 2 | 3 | 4 |

C. School Background

1. Name and address of present school:

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

3. What is your child's attitude to school? (e.g. reluctant to go, happy to go, truancy)

4. At what age did your child's learning difficulties first come to your attention?

5. What subject areas does your child find difficult at present?

6. What subject areas is your child good at?

7. Does your child receive any additional help in school? If yes, is he/she making any progress at present?

8. Please add any information you may feel is relevant to your child's assessment. (Copies of relevant reports from schools or specialists would be helpful)

This questionnaire is completed by (relationship to child):

Signed: _____

Date: _____