



Helping Every Child Reach New Heights

Helping children, adolescents and families realize their potential

EDUCATIONAL THERAPIST/CONSULTANT PARENT QUESTIONNAIRE

Please fill out this form as best as you can and use the backs of the pages for extended answers. Please skip questions that are answered in shared reports or not pertinent to your child's needs. All information will be regarded as confidential within the parameters of our signed agreements.

Child's Name: _____ Birthdate: _____

Gender: _____ Age: _____ Grade: _____ School: _____

Ethnicity: _____

Primary Language: _____ Other languages spoken: _____

Parent/Guardian: _____ Occupation: _____

Home telephone: _____ Work telephone: _____

Cell: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Occupation: _____

Home telephone: _____ Work telephone: _____

Cell: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Name of person completing form: _____

Relation to the child: _____

Who else did you consult while completing this form?:

Relation to the child?:

Who were you referred by?:

5. Date and Results of last vision exam. Please indicate which of the following have been evaluated:

Visual acuity, date _____ results _____

Binocular focus, convergence and tracking, date _____ results _____

Visual processing (amblyopia), date _____ results _____

6. Has your child ever taken medications for ADD/ADHD or any other condition that may impact their learning (e.g. depression, anxiety, etc...)? If so, please explain.

7. Has your child ever had a head injury? When? How serious? Hospitalized?

8. Please list any previous testing or evaluations done either by school districts, colleges, psychologists, speech pathologists, educational therapists, etc. (please include copies of any reports and IEPs, or 504 plans)

9. Please list any psychologists, speech pathologists, educational therapists, tutors or others who have provided services for your child. Describe the nature of the therapy/tutoring and the duration.

10. Has your child ever been tested for a school district's advanced learning program? (Common assessments are Cognitive Abilities Test-CogAT, Naglieri, Raven, or OLSAT) If so, did the child qualify or do you know the scores?

11. Describe your child's sleeping patterns, both weekday and weekend.

12. Would you say your child has a healthy diet (no strong aversions or allergies, and eats on a regular schedule)?

SCHOOL/LEARNING EXPERIENCES

1. Alternate paths: Has your child been homeschooled, repeated a grade or dropped out of school? Please explain.

2. Describe your child's strengths and areas of passion.

3. Describe your child's outdoor activities and other active pursuits.

4. Describe your child's challenges.

5. How does your child feel about school? What are his/her favorite and/or least favorite things about school?

6. How does your child relate to peers? Does your child have many friends, prefer older or younger friends? or have difficulty establishing and maintaining friendships?

7. How does your child deal with transitions to new situations such as embarking on a new school year or trying a new and unfamiliar activity?

8. Is there a particular subject area that your child enjoys, shows advanced or above grade level ability?

9. Has your child ever skipped a grade or done a subject level acceleration in an academic content area?

10. Does your child have difficulty in any of the following areas? Please highlight all that apply.

Speech Reading Writing Spelling Mathematics/Arithmetic

Please provide specific details below of any of the difficulties you circled above.

11. Does your child have any organizational difficulties?

12. Do you have other concerns about your child's school life and academic performance that have not been shared above?

FAMILY BACKGROUND

1. List brothers and sisters with birth dates and any relevant educational information.
2. Has anyone in your family had difficulty learning or been diagnosed with a learning disability? Please provide relevant information.
3. Has anyone in your family qualified for a Gifted and Talented Program or skipped a grade in school?
4. Parents' education and occupations:

ADDITIONAL INFORMATION

Is there anything else about your child's strengths that you would like to share. This may be the most important answer you give! (When we lead with our strengths it helps us to push through our striving areas.)