Livingston Educational Center

Parent Questionnaire

It is very important that you disclose any information about your child that you think may be pertinent in contributing to a comprehensive understanding of your child’s learning and behavioral styles. If there is any information that you do not want us to include, just use an asterisk (\*) next to that information and it will not be included in our comprehensive, written report.

Please be sure to obtain any records such as report cards, standardized test scores, teacher comments, and any additional information from the time period when your child’s difficulties were first noticed.

**BACKGROUND INFORMATION**

Child’s full name: Address:

Date of birth: Age:

Grade: School:

Mother’s name: Father’s name:

Cell phone: Cell phone:

Email: Email:

Date of birth: Date of birth:

College: College:

Occupation: Occupation:

Degrees: Degrees:

**REASON FOR REFERRAL:**

Please specify the reason you are here today. What are you hoping to gain from this evaluation?

**FAMILY HISTORY:**

Please list names, ages, schools, and grades of all siblings.

Were there any unusual problems that accompanied your pregnancy, delivery, or your child’s first six months of life? If yes, please explain.

Does your child have any vision or hearing problems? If yes, please list the corrective actions taken.

Does your child show any unusual behavior with regard to eating or sleeping? If yes, please explain.

Has your child experienced chronic ear infections? If yes, please indicate when and list the medical interventions (tubes, tonsils, adenoids, etc.)

Does your child have allergic reactions or asthma? If yes, please explain.

Please list any serious illnesses, operations, or hospitalizations. Please supply appropriate dates.

Has your child been treated for any emotional issues such as depression, anxiety, obsessive-compulsive disorder, or oppositional defiance disorder? If yes, please explain any treatments, medications and therapists used.

Has your child been diagnosed either formally or informally with Attention Deficit Disorder (with or without Hyperactivity)? If yes, please list any medications taken with dosage, either currently or prior, and describe any adverse reactions to such medication. Also, who was responsible for diagnosing this condition?

Is there a family history of emotional issues or attention disorder? If so please explain. Please list any medications with dosages and how often he/she must take the medication?

EDUCATIONAL HISTORY:

Name of Preschool: Please describe preschool experiences.

Name of Elementary/Middle/High School: Specify grades attended.

Did or does your child show difficulty with kindergarten readiness skills? If yes, please explain.

Does your child receive any remedial assistance as part of his/her regular school day? If yes, please explain.

Has your child ever been referred to or evaluated by the Child Study Team? If yes, please provide us with a copy of that report.

Does your child receive any occupational therapy or speech and language services via school or privately? If so, please specify frequency and length of service being received.

Did either parent or sibling (s) have difficulty in school? If yes, please explain.

Is there any language besides English regularly spoken in the home? If so, please list.

Please describe your impression of your child’s problem. Please be specific, including academic difficulties (reading, writing, mathematics, etc.). Feel free to use the back of the page if you run out of room.

Have you taken your child elsewhere for any psychological evaluations, tutoring, and or therapies? If yes, please explain.

SOCIAL HISTORY:

Please specifically explain your child’s behavior at home in regard to response to discipline, frustration, time management, and mood.

Please describe your child’s self-concept. How does your child view him or herself?

Are there currently any circumstances at home that may adversely affect your child’s behavior at home or school? Has this affected his or her ability to learn? If yes, please explain.

Please describe your child’s playtime, sports, interests, hobbies, etc.

Please describe your child’s relationship with parents, siblings, and peers.

Please provide us with any additional information that may be essential to understanding your child’s strengths and weaknesses.