

Background Questionnaire

It can be very helpful to know the answer to the following questions about your child and his/her background and development.

Please feel free to leave blank any part of the questionnaire that you would rather not answer or to which you can't remember the answer.

Please feel free to ask for help in completing the questionnaire if you feel you need it.

You may wish to discuss your answers with your partner as sometimes parents see their child differently.

GENERAL INFORMATION

Child's name:

Male / Female

Date of Birth:

Address:

..... Telephone:

School:

BIRTH AND DEVELOPMENT HISTORY

1. Were there any problems with pregnancy and/or the birth of your child? YES/NO
(If YES please give details)

2. Was your child's motor development normal? Consider crawling, sitting up, first steps, manual dexterity, co-ordination and handedness. YES/NO
(If YES please give details)

3. Did s/he have any difficulty learning to feed or dress him/herself? YES/NO
(If YES please give details)

4. Does s/he appear clumsy? YES/NO
(If YES please give details)

SPEECH AND LANGUAGE

1. At what age were his/her first words spoken?

2. At what age was s/he able to put 2 or 3 words together?

3. Is s/he talkative?

YES/NO

4. Does s/he have any problems expressing him/herself?

(If YES please give details)

YES/NO

5. Have there been any difficulties with pronunciation, speech difficulties or difficulties with sounds that s/he has found particularly difficult?

(If YES please give details)

YES/NO

6. Did s/he ever need to see a speech and language therapist?

(If YES please give details)

YES/NO

7. Are any problems with speech and language now resolved?

(If NO please give details)

YES/NO

8. Can s/he follow instructions?

(If NO please give an example)

YES/NO

9. Did s/he appear to find Nursery Rhymes more difficult to learn than his/her peers?

(If YES please give details)

YES/NO

EMOTIONAL WELL-BEING

1. Have there ever been any problems with thumb-sucking / nightmares / nail biting / temper tantrums / bed wetting / eating problems or any other problem which might have an emotional origin?
(If YES please give details)

YES/NO

2. Which of the following terms would you use to describe your child?
(Please tick **all** the appropriate boxes)

- | | | | |
|------------------|--------------------------|-------------------------------|--------------------------|
| hyperactive | <input type="checkbox"/> | sensitive | <input type="checkbox"/> |
| distractible | <input type="checkbox"/> | placid | <input type="checkbox"/> |
| highly strung | <input type="checkbox"/> | self-contained | <input type="checkbox"/> |
| out-going | <input type="checkbox"/> | sullen | <input type="checkbox"/> |
| dreamy | <input type="checkbox"/> | friendly with other children | <input type="checkbox"/> |
| no close friends | <input type="checkbox"/> | friendly with adults | <input type="checkbox"/> |
| good at sports | <input type="checkbox"/> | has difficulty making friends | <input type="checkbox"/> |
| creative | <input type="checkbox"/> | a child who fantasises | <input type="checkbox"/> |
| energetic | <input type="checkbox"/> | a child who needs a routine | <input type="checkbox"/> |
| quiet | <input type="checkbox"/> | a child with low self esteem | <input type="checkbox"/> |
| talkative | <input type="checkbox"/> | a child with high self esteem | <input type="checkbox"/> |
| loner | <input type="checkbox"/> | a child who likes school | <input type="checkbox"/> |
| hates sports | <input type="checkbox"/> | a child who hates school | <input type="checkbox"/> |
| disorganised | <input type="checkbox"/> | organised | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | confident | <input type="checkbox"/> |

Please give details below

MEDICAL HISTORY

1. Any childhood accidents / injuries / operations?
(If YES please give details)

YES/NO

2. Any allergies
(If YES please give details)

YES/NO

3. Any hearing difficulties in the past or at the present?
(If YES please give details)

YES/NO

4. Any sight difficulties in the past or at the present?
(If YES please give details)

YES/NO

FAMILY HISTORY

1. Are there any other children in the family?
What are their ages?

YES/NO

Do any of them have similar difficulties to this child?
(If YES please give details)

YES/NO

2. Is there any history of reading or spelling difficulties or speech problems
in the close or extended family?
(If YES please give details)

YES/NO

3. Any hearing difficulties in the past or at the present?
(If YES please give details)

SCHOOL HISTORY

1. At what age did your child start school?
2. How did s/he adjust to the school environment?
3. Please describe your child's early progress with reading / writing / numbers.
4. At what age did you suspect that your child might have a problem?
5. How would you describe your child's schooling so far?
(Please tick **all** the appropriate boxes)

- | | | | |
|---------------|--------------------------|-----------------|--------------------------|
| formal | <input type="checkbox"/> | sympathetic | <input type="checkbox"/> |
| informal | <input type="checkbox"/> | appropriate | <input type="checkbox"/> |
| child centred | <input type="checkbox"/> | traditional | <input type="checkbox"/> |
| disrupted | <input type="checkbox"/> | free and easy | <input type="checkbox"/> |
| open plan | <input type="checkbox"/> | well resourced | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | poor facilities | <input type="checkbox"/> |

Please give details below

GENERAL

1. Do you think your child's difficulties have evolved from problems at home, school or from within the child him/herself?

GENERAL continued

2. What kinds of activity does your child seem to prefer?

Please tick **all** the appropriate boxes.

creative

active

sporting

television

computers

artistic

musical

group

practical

lone

Other

Please give details below

3. Does s/he have any hobbies or belong to any clubs or societies?

(If YES please give details below)

YES/NO

OTHER INFORMATION

1. Is there any other information that you feel may be helpful?

(If YES please give details)

YES/NO

2. Father's occupation

3. Mother's occupation

Please attach copies of any relevant reports (education psychologist, speech and language therapist, etc.) that you may have.

Thank you for taking the time to complete this questionnaire.