

## Family Questionnaire

Child's full name.....Date of birth.....

Home Address

Tel no:

Father's Occupation

Mother's Occupation

How many children in the family?

Are there any special family circumstances which could have affected the child's development : e.g. divorce, accidents, separation etc.

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

### SCHOOL HISTORY

Name and address of present school:

Please circle: Is it                      Independent,                      Grant Maintained                      Local Authority ?

Name of Head Teacher.

Other Schools your child has attended with dates.

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

Does your child like school? Yes/No

Does he/she attend willingly? Yes/No

At what age did his/her learning difficulties begin?

What subject areas is he/she good at?

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

Has your child had help from school?

Has your child had any other treatments: visits to specialists, speech centres, etc.?

### Health

Birth weight?

Were there any unusual complications in early childhood?

Relevant details?

Is your child's health good at present?

Does he/she take regular medicines? What drug(s) and why is it being taken?

Does your child suffer from headaches/migraines?

Has she/he suffered from allergies?

Please circle:                      Hay fever                      Asthma                      Skin Rashes                      Other

Are there any foods/drinks which affect your child?

Has your child any serious injuries or accidents ?

Does your child get over tired?

Does your child suffer from any of the following ? (Please circle)

Aches or pains                      headaches                      nausea                      feels sick                      eye problems

rashes or other skin problems                      stomach aches or cramps                      vomiting

others

Poor school work?

Is your child poorly co-ordinated or clumsy?

Does your child prefer playing with older/younger children?

Does your child ever refuse to talk?

Does your child show off, clown around?

Is he/she shy or timid?

Does your child have sudden changes in mood and feelings?

Does he/she sulk a lot?

Does your child truant from school?

Wets self during the day?

### **Vision and Hearing**

Have your child's eyes been tested recently and is vision within normal limits?

Has your child's hearing been tested recently and is it within normal limits?

### **Physical Development**

At what age did your child start walking?

Does he/she fidget a lot?

Is his/her hand/eye co-ordination good?

Is he/she good at games?

Is he/she left or right handed?

**Speech**

At what age did your child say his/her first words?

Is English the only language spoken at home?

Does your child have lengthy experience of speaking other languages?

Does he/she express ideas clearly in words?

Does your child have an aptitude in, or a difficulty with music?

**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 your child have concentration and attention difficulties?

**Emotional Adjustment**

How well is your child motivated at school?                      low                      average                      high

Has your child shown any of the following?                      bed wetting                      soiling

temper tantrums                      behavioural difficulties at home/school/both                      nervousness

timidity                      unusual fears/phobias                      jealousy                      envy

nightmares or disturbed sleep?

How well does he/she get on with other children in the family?

In school?

**Compared to other children of his/her own age, please answer yes or no to the following.**

Does your child get along with his/her brothers and sisters?                      Does he/she get along with other children?

Behave with his/her parents?                      Does your child play and work by him/herself?

**What concerns you most about your child?**

**Please describe the best things about your child.**

**Does your child:**

Argue a lot?                      Concentrate and pay attention?

Can't sit still, is restless or hyperactive?                      Is your child confused or seems to be in a fog?  
Has your child ever been cruel, bullying or mean to others?                      Demands a lot of attention?

Disobedient at home? Easily jealous?  
Feels he/she has to be perfect?

Feels worthless or inferior?

Gets in many fights?

Hangs around with children who get into trouble?

Likes to be alone?

Is your child nervous, highly strung or tense?

Is your child not liked by other children?

Fears going to school?  
Feels others are out to get him/her?

Gets hurt a lot, accident prone?

Gets teased a lot?

Is your child impulsive?

Bites fingernails?

Does your child suffer nightmares?

Is your child fearful, anxious?

**Child's Difficulties and Symptoms**

Please describe below the difficulties your child has and a brief history if possible.

Signed:.....Date:.....

Please Print your name:.....

Relationship to child .....

**Please return this form to:**

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