

## **Questionnaire for Parents**Dr Megan Richardson

Your Child's Name	
Current School	
How long has he/she been there?	
What grade is he/she in currently?	
Mother's Name	
Father's Name	
If separated please indicate ())	If you are separated, we will need to discuss the arrangements with you.
What does your child enjoy, do we	ll, and what do you like about them?

	_			_	
Overall, child?	how con	cerned (\	worried) ar	e you abo	out your
	Not at all	A little	Moderately	Quite a lot	Extremely
Mother	1	2_	3	4	5
Father	1	2	3	4	_5
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		and want		iuei Stailu e	about you

What would you like from us?					

## Your child's health $(\c J)$

Any concerns about your child's health currently?	☐ Yes	☐ No
Any concerns about the pregnancy?	☐ Yes	☐ No
Any concerns about the birth and postnatal period?	☐ Yes	☐ No
Any accidents / injuries / serious illnesses in the past	☐ Yes	☐ No
Has your child's <u>hearing</u> been checked?	☐ Yes	☐ No
It it has been checked, was it normal?	☐ Yes	☐ No
Has your child's <u>vision</u> been checked?	☐ Yes	☐ No
Is your child fully immunised?	☐ Yes	☐ No
Are there any other important medical issues?	☐ Yes	☐ No
What was the birth weight If premature, how	many week	s
As your child was growing up, were you c	oncerne	d about
	onceme	a about
The first year? (e.g. hard to settle, poor weight gain?)	☐ Yes	☐ No
Early motor development (sitting, walking, running, kicking)?	☐ Yes	☐ No
Early language (talking and understanding)?	☐ Yes	☐ No
Early social development (eye contact, play, friends)?	☐ Yes	☐ No
Early learning (e.g. colours, shapes, drawing)?	☐ Yes	☐ No
Any other major concerns during early childhood?	☐ Yes	☐ No
The Family (∫)		
Does anybody in the family (siblings, parents, grandparents, aunts, etc) have problems <b>similar</b> to, or the <b>same as</b> your child?	☐ Yes	☐ No
Does anybody in the family (siblings, parents, grandparents, aunts, etc) have <b>different</b> problems, of a developmental, learning, behavioural, emotional or psychiatric nature?	☐ Yes	□ No

any problem discuss?	ıs identifie	ed abov€	e, what in	particula	r would	you like

## Who have you consulted for your child's difficulties? (Remember to bring a copy of all written reports!)

Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath) Who is your GP? For any professionals identified, please summarise the involvement. When it started / ceased, how often, what was done)		Currentl y [ ]	In the Past	Who?
Child Psychiatrist  Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor  Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.	Health Services			
Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor  Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.	Paediatrician			
Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.	Child Psychiatrist			
Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.	Occupational Therapist			
Speech Pathologist Psychologist Social Worker / Counselor  Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.				
Psychologist Social Worker / Counselor  Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.				
Social Worker / Counselor  Education Services School Guidance Officer Support / Remedial Feacher Home Tutor Other (e.g. Naturopath)  Vho is your GP?  or any professionals identified, please summarise the involvement.				
Education Services School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.				
School Guidance Officer Support / Remedial Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.	Counselor			
Support / Remedial Teacher Home Tutor Other (e.g. Naturopath) Who is your GP? or any professionals identified, please summarise the involvement.	Education Services			
Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP? or any professionals identified, please summarise the involvement.	School Guidance Officer			
Teacher Home Tutor Other (e.g. Naturopath)  Who is your GP? or any professionals identified, please summarise the involvement.	Support / Remedial			
Other (e.g. Naturopath)  Who is your GP?  or any professionals identified, please summarise the involvement.				
Who is your GP?  or any professionals identified, please summarise the involvement.	Home Tutor			
Who is your GP?  or any professionals identified, please summarise the involvement.	Other (e.g.			
who is your GP?  or any professionals identified, please summarise the involvement.				
	or any professionals iden			

When you come to see us		
Is there sensitive information that you would prefer not to talk about in front of your child?	☐ Yes	☐ No
If yes, we can discuss these issues while the ch You may wish to bring a book or something for them If they will need supervision, please bring somebody a	to do while th	ey wait.
Thank you for taking the time to complete this ques	stionnaire.	
Completed by		
Data		