Literacy Care

Parent/Guardian Questionnaire

Thank you for taking the time to answer the following questions. The information you provide about your child is essential. Together with referral information from other professionals and the clinical information gathered by the practitioner, the history, background and personal data provided by parents or guardians forms a vital and integral part of the total picture.

This questionnaire along with the Teacher Questionnaire (filled out by the Classroom Teacher) should be handed to our administration staff on arrival.

Please fill out the following and then answer the questions on the remaining pages.

Child's SURNAME: _____ Child's FIRST NAME: _____

Date of Birth: _____ Gender: (please circle) Male Female

Current School: _____

Thank You For Your Cooperation

Unit 14, 32 Park Road, Milton Qld 4064 PO Box 1536 Milton Qld 4064
(07) 3369 3369 3369 3370 cdn@cd.net.au or jason@cd.net.au www.cd.net.au or www.literacycare.com

Parents Concerns, Opinions and Comments

What does your child do well, what do they enjoy, and what do you like about them?

Overall, how concerned (worried) are you about your child?

1.Not at all 2. A little 3. Moderately 4. Quite a lot 5. Extremely

Parent 1 ***1_____2_____3_____4_____5***

Parent 2 ***1_____2_____3_____4_____5***

What questions would you like answered about your child?

What would you like help with in managing (& what would you like to achieve)?

	Please ✓×	If Yes, Briefly Explain
Any concerns about the pregnancy?	☐	
Any concerns about the birth and postnatal period?	☐	
Any accidents / injuries / serious illnesses in the past?	☐	

Are you worried about:

	Please ✓×	If Yes, Briefly Explain
High Anxiety	☐	
Diet and Eating Habits	☐	
Sleep Patterns	☐	
Attention and Concentration	☐	

As your child was growing up, were you concerned about any of the following?

	Please ✓×	If Yes, Briefly Explain
Early motor development (sitting, walking, running, kicking)?	☐	
Early language (talking and understanding)?	☐	
Early social development (eye contact, play, friends)?	☐	
Early learning (e.g. colours, shapes, drawing)?	☐	

Diagnosed Conditions

Has the child been formally (by a Medical Practitioner, Psychologist or other Professional) diagnosed with any of the following? **(Please Tick ✓)**

Attention Deficit Disorder	☐	Psychotic Disorders	☐
Attention Deficit Hyperactivity Disorder	☐	Non Verbal Learning Disability	☐
Oppositional Defiant Disorder	☐	Anxiety Disorders	☐
Autism	☐	Aspergers Syndrome	☐
Dyslexia	☐	Dyspraxia	☐

Other

(PleaseDescribe_____

Is the child on any medication relative to learning or behaviour? **(Tick ✓)** ☐ Yes ☐ No

If Yes, please give details:

_____

Has *hearing* been checked in last 24 months? ☐ Yes ☐ No

If yes, is it normal ☐ Yes ☐ No

Has *vision* been checked in the last 24 months? ☐ Yes ☐ No

If yes, is it normal? ☐ Yes ☐ No

Family and Hereditary Factors

Does anybody in the family (siblings, parents, grandparents, aunts, etc have problems **similar** to, or the **same as** your child?	☐ Yes	☐ No

If yes, please briefly explain: _____

Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have **different** problems, of a developmental, learning, behavioural, emotional or psychiatric nature?	☐ Yes	☐ No

If yes, please briefly explain: _____

Previous Professional Involvement and Management

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

	Currently [✓]	**In the Past [✓]**	**Who?**
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)			

Academic and Scholastic Interventions

Has the child participated or is the child currently participating in any of the following:

(Please ✓)

1. Supporter Reader	☐	Current / Concluded
2. One to one or small group tuition	☐	Current / Concluded
3. Another literacy program	☐	Current / Concluded
4. A Math program	☐	Current / Concluded
5. Private Tuition	☐	Current / Concluded

Educational Information

Please circle the level that best describes your child's general academic and scholastic progress: (Please Circle)

Well Below Average Below Average Average Above Average Well Above Average

Which is your child's best subject?

_____

Can your Child Do the Following: (Please Tick ✓)

Recite the Alphabet	☐
Name the months of the year in order	☐
Name the days of the week in order	☐

Fill out the Following Relative to the Child's Reading, Spelling and Writing

Complaints (Please ✓)

1. Headaches	☐
2. Blurring of vision	☐
3. Seeing double	☐
4. Words moving on the page	☐
5. Colours appearing on the page	☐
6. Hard to read under florescent light	☐

Errors (Please ✓)

1. Reads whole words backwards e.g. 'on' for 'no', 'saw' for 'was' ☐
2. Trouble learning left and right ☐
3. Reverses letters and numbers ☐
4. Poor recall of High Frequency Words ☐
5. Can respond orally but not in writing ☐
6. Untidy handwriting ☐
7. Trouble spelling irregular words (words that can't be sounded out) ☐
8. Poor reading yet comprehension good when listening ☐
9. Puts letters in wrong order, reading 'felt' as 'left', 'act' as 'cat'. ☐
10. Try to sound out the individual elements of words but be unable to synthesize the single sounds into the correct word. For instance, he may sound out b/e/g and then say 'bad', of f/o/g and then say 'frog' ☐
11. Mispronounces words although they are in the child's vocabulary ☐
12. Confuses short vowel sounds. Reading 'bag' for 'bug' and 'lid' for 'lad' ☐
13. Puts syllables in the wrong order reading 'animal' as 'aminal', 'hospital' as 'hopsital' ☐
14. Foreshortens words reading 'remember' as 'rember','suddenly' as 'sunly' ☐
15. Substitutes another word of similar meaning. e.g. 'go' for 'journey', 'Sunday' for 'Saturday', 'gave' for 'got', 'tree' for 'garden'' ☐
16. Substitutes any of the following: 'a' for 'the; 'from' for 'of', 'of ' for 'for', 'then' for 'when', 'what' for 'that', 'where' for 'there', 'here' for 'her', 'where' for 'were' ☐
17. Adds little words in when reading ☐
18. Ignores Punctuation ☐
19. Reads in a monotone voice ☐

Strengths

Is your child average or better in any of the following areas: **(Please Tick ✓)**

Sport ☐ Music ☐ Art ☐ Acting/Drama ☐ I.T ☐

Construction ☐ Story Telling ☐ Designing ☐ Other ☐

High Level of Perception and Intuition ☐ Vivid Imagination ☐

Have a high awareness of the environment ☐

Social Traits and Interests

Please write a short comment on the following

Hobbies: _____

Sport:_____

Ambitions:_____

Social skills relating to family:_____

Social skills relating to friends:_____

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 child waits outside. You may wish to bring a book or something for them to do while they wait.

So that we can remember you and your child, we would like to take a photograph of those who attend the initial consultation. This is printed and pasted into your child's file. Photographs are not stored electronically.

Do we have your permission to take a photograph of you and your child?

- ❑ Yes
- ❑ No

Thank you for taking the time to complete this questionnaire.

Completed by _____ ***Date*** _____