Exceptional Learners Associates

Psychoeducational Assessment and Educational Advising

Specializing in gifted and twice-exceptional learners

Family Background Questionnaire

Child's Name (Last) _____ (First) _____ Prefers to be called _____

Current School _____ Grade _____

Child's Date of Birth (Month/Day/Year) _____ Child's Age _____

Child's Gender □ Male □ Female

Home Address _____

Respondent's Name (Last) _____ (First) _____

Relationship to Child □ Mother □ Father □ Other (specify) _____

MOTHER:

Mother's Name (Last) _____ (First) _____ Prefers to be called _____

Mobile Phone _____ Home Phone _____ Work Phone _____

E-mail _____ Currently working outside the home? □ Yes □ No

Occupation (name of company, title, basic function) _____

_____

Education (please list all colleges, graduate schools, and degrees earned as well as names of institutions where they were earned) _____

_____

FATHER:

Father's Name (Last) _____ (First) _____ Prefers to be called _____

Mobile Phone _____ Home Phone _____ Work Phone _____

E-mail _____ Currently working outside the home? □ Yes □ No

Occupation (name of company, title, basic function) _____

_____

Education (please list all colleges, graduate schools, and degrees earned as well as names of institutions where they were earned) _____

_____

Part I: REASON FOR REFERRAL

Why are you interested in having your child assessed at this time? _____

_____

_____

_____

_____

_____

_____

Whose idea was it that your child should have an evaluation? _____

Reasons for referral (check all that apply)

- □ Suspected learning difficulty (specify) _____
- □ A□en□on and concentra□on problems (specify) _____
- □ Discipline or behavioral problems (specify) _____
- □ Social or interpersonal problems (specify) _____
- □ Gi□ed or grade accelera□on issues (specify) _____

How long have these issues been of concern to you, your child, or your child's teachers? _____

_____

Does anything seem to help? _____

What makes the problem(s) worse? _____

Has your child received any tutoring or therapy in or outside of school to address these issues? _____

Please describe where, by whom, and what type of tutoring or therapy has been received: _____

_____

_____

_____

_____

Have you consulted other agencies or professionals regarding these issues? _____

If your child has had prior psychological or educational assessment reports, please send copies for our review. If the assessment(s) resulted in a specific diagnosis, select all that apply:

□ Gi□ed □ Reading Disability □ Wri□ng Disability □ Math Disability □ Speech/Language Delay

□ Au□sm □ Asperger's Syndrome □ A□en□on Deficit Disorder □ Graphomotor Challenges

□ Nonverbal Learning Disability □ Visual or Visuomotor Problems □ Anxiety/Depression

□ Other _____

Part II: HOME and HEALTH DATA

Names, ages, school attended at present, and grade levels of siblings _____

_____

_____

With whom does your child live?

- □ Mother and father (in one home)
- □ Other (Specify) _____

If parents are separated or divorced, how old was child when the separation occurred? _____

Have there been any especially stressful events in your family life (e.g. birth, death, divorce, or move to a new home) that have affected your child? _____

_____

_____

What is your child's overall physical health?

- □ Usually in excellent health and is physically fit _____
- □ Generally in good health _____
- □ Has a health condi□on but does not require medication (specify) _____
- □ Has a health condi□on that requires medica□on (specify condi□on and medica□on) _____

_____

Has your child ever had a serious illness or injury? □ No □ Yes If yes, please answer items below:

What was the serious illness? _____

At what age did the illness occur? _____

Has your child had a vision test (roughly when)? _____ Wear glasses?_____

Has your child worked with a vision therapist? For how long? _____

_____

Has your child had a recent hearing test? _____ Results?_____

Did your child have frequent ear infections? _____

Has your child been evaluated by an audiologist for an auditory processing disorder? _____

If yes, what were the findings? _____

_____

How much sleep does your child typically get per night?

- □ I don't know
- □ Less than 6 hours
- □ 6 to 7 hours
- □ 7 to 8 hours
- □ 8 to 9 hours
- □ More than 10 hours
- □ No typical amount

How soundly does your child sleep?

- □ So soundly that he or she cannot be woken easily
- □ Usually sleeps soundly, may wake once during the night
- □ Doesn't sleep soundly and/or has frequent nightmares, bed-wetting, or other sleep disturbances (describe) _____

Does your child frequently complain of not feeling well? _____

Is this because your child actually *is* physically ill, or do you feel there could be a psychological component?

_____

Do physical complaints coincide with school or other stressors (explain)? _____

_____

Many learning issues have a genetic component. Have any members of your child's family (mother, father, grandparents, siblings, etc.) experienced any difficulties with attention, social, psychiatric, or learning problems? (specify) _____

_____

_____

_____

_____

Part III: BIRTH HISTORY

Was your child adopted? _____ If yes, at what age? _____ Internationally? _____

Did your child's birth mother have any complications during pregnancy (e.g. measles, bleeding, drug use)?

_____

Were there complications during the birth? (e.g. breech, long labor) _____

Were there any problems with your child as a newborn? (e.g. jaundice, needed oxygen, low Apgar score)

_____

_____

Part IV: INFANCY AND EARLY CHILDHOOD (birth to age 3)

Please select adjectives from the list below to describe your child's temperament (personality) as an infant and young child:

- □ Ac□ve □ Affec□onate □ Alert □ Calm
- □ Cheerful □ Colicky □ Curious □ Demanding
- □ Determined □ Didn't like to be cuddled □ Difficult □ Easy
- □ Fearful □ Finicky □ Fun-loving □ Fussy
- □ Happy □ Hard to please □ Independent □ Irritable
- □ Noisy □ Observant □ Outgoing □ Overac□ve
- □ Playful □ Quiet □ Sad □ Screaming
- □ Serious □ Shy □ Stubborn □ Withdrawn
- □ Other: _____

How would you rate your child's *motor skills* development (up to age 3), e.g. sitting up, crawling, and learning to walk?

- □ Developed earlier than most children _____
- □ Seemed to develop typically _____
- □ Developed later than most children _____

How would you rate your child's *language* development (up to age 3), e.g. first words, asking simple questions, and talking in sentences?

- □ Spoke earlier than most children _____

□ Seemed to develop typically _____

□ Speech developed later than most children _____

Did your child receive a speech and language assessment before age 4 (if yes, describe results)?_____

_____

Part V: PRESCHOOL HISTORY (age 3 to 5)

Did your child attend preschool? _____ Beginning at what age? _____ What is the name of the school and where is it located? _____

How would you rate your child's *cognitive* development (ages 3-5), e.g. ease of learning, knowledge of the alphabet, general knowledge and understanding?

□ Seemed to learn more easily (or earlier) than most children _____

□ Seemed to develop typically _____

□ Seemed to learn more slowly than other children _____

How would you rate your child's *social* development (ages 3-5), e.g. ability to play with others, development of friendships, empathy and relationships with children and adults?

□ Seemed to develop social skills more easily (or sooner) than most children _____

□ Seemed to develop typically _____

□ Seemed to be have more difficulty developing social skills (or learned later) than others _____

_____

How difficult was it to manage your child's behavior during the preschool years?

□ Very easy to manage _____

□ Typical _____

□ More difficult to manage than most children _____

Part VI: SCHOOL HISTORY

Has your child repeated a grade (which)? _____ Skipped a grade (which)? _____

Has your child received special educational services, e.g. resource room instruction, speech therapy, gifted programming, or an individualized education program?

□ No □ Yes If yes, please answer parts (a) and (b) below.

a. Describe the services your child has received _____

_____

_____

b. At what age and grade did your child first start receiving these services? _____

List all schools (not counting preschool) your child has attended:

1. Name of school _____ Location _____

Beginning in grade _____ Ending in grade _____ Number of years attended _____

2. Name of school _____ Location _____

Beginning in grade _____ Ending in grade _____ Number of years attended _____

3. Name of school _____ Location _____

Beginning in grade _____ Ending in grade _____ Number of years attended _____

4. Name of school _____ Location _____

Beginning in grade _____ Ending in grade _____ Number of years attended _____

5. Name of school _____ Location _____

Beginning in grade _____ Ending in grade _____ Number of years attended _____

What are your child's favorite school subjects? _____

What are your child's least favorite school subjects? _____

Do you feel your child earns good grades? _____

Do you feel your child could earn better grades? _____

What is your child's general attitude toward school?

- □ Very enthusias□c _____
- □ Generally likes school _____
- □ Likes some things about school but dislikes others _____
- □ Generally dislikes school _____
- □ Dislikes school so much that he/she does not want to go _____

How long does your child typically spend each school day on homework? _____

Does he/she generally work independently? _____ If not, who helps? _____

What type of help is provided? _____ Do you feel that your child requires more help with homework than most of his peers? _____

Does your child dislike or resist doing homework? _____

Do you think it takes your child more time or less time than his/her peers to complete assigned homework?

_____

If it takes more time, do you feel this is due to slow work pace, inattention, or other factors? _____

_____

How would you rate the level of effort your child applies toward his or her homework?

- □ Works very hard _____
- □ Generally tries hard _____
- □ Effort varies _____
- □ Seems like he/she doesn't try very hard _____

How much recreational "screen time" (e.g. tv, video games) does your child engage in on school days?

- □ Less than one hour _____
- □ Two-three hours _____

□ Three-four hours _____

□ More than four hours _____

How much recreational time does your child spend engaged in reading for pleasure on school days?

□ Up to 30 minutes _____

□ 30 minutes to one hour _____

□ One to two hours _____

□ Two-three hours _____

□ More than three hours _____

Does your child receive private tutoring outside of school? □ No □ Yes

If yes, list subjects and hours per week spent with each type of tutor _____

_____

_____

_____

_____

_____

Part VII: COGNITIVE SKILLS (please evaluate your child's skills relative to his/her age-level peers and add comments explaining why you think this is the case on the lines provided)

Crystallized Intelligence:

How would you rate your child's general understanding of spoken language (e.g. *receptive language* development)?

□ Has a deeper understanding than most children _____

□ Seems typical for his/her age _____

□ Does not seem to understand as much as most children _____

How would you rate your child's *oral vocabulary* (lexical knowledge)?

□ Has a larger vocabulary than most children _____

□ Seems typical for his/her age _____

□ Knows fewer words than most children _____

How would you rate his/her *listening ability* (receptive language or ability to understand speech)?

□ Always, or almost always, listens when spoken to and understands _____

□ Usually listens when spoken to directly (typical for age) _____

□ O□en does not seem to listen _____

How would you rate your child's range of *general knowledge*?

□ Has a wider range of knowledge than most children (e.g. knows a lot about a lot of different things)

_____

- □ Seems typical for his/her age _____
- □ Has a narrower range of knowledge than most children. If yes, is this attributable to deep immersion in a topic of special interest to your child? _____ What topic(s)? _____

  _____

How would you rate your child's *communication ability* (e.g. expressive language)?

- □ Expresses his or herself very well _____
- □ Seems typical for his/her age _____
- □ Has some difficulty communicating his/her thoughts clearly _____

Fluid Intelligence:

How would you rate your child's *inductive reasoning* (ability to observe something and discover/infer the rules underlying its behavior)?

- □ Seems to be stronger than most children _____
- □ Seems typical for his/her age _____
- □ Seems weaker than most children _____

How would you rate your child's *deductive reasoning* (ability to reason logically using known principles - rule application or sequential thinking)?

- □ Seems stronger than most children _____
- □ Seems typical for his/her age _____
- □ Seems weaker than most children _____

How would you rate your child's *quantitative reasoning* (ability to reason with numbers)?

- □ Seems stronger than most children _____
- □ Seems typical for his/her age _____
- □ Seems weaker than most children _____

Short-term and Working Memory:

How would you rate your child's *memory span* (ability to immediately attend to and recall information)?

- □ Can remember more immediate information than most children _____
- □ Seems typical for his/her age _____
- □ Has some difficulty encoding or retaining information on a short-term basis _____

How would you rate your child's *working memory* - ability to pay attention to and transform information while simultaneously searching for information in long-term memory (e.g. solving math word problems)?

- □ Seems stronger than most children _____
- □ Seems typical for his/her age_____
- □ Seems weaker than most children_____

Long-term Memory:

How would you rate your child's ability to remember previously unrelated, newly *associated* information (e.g. names-to-faces, dates-to-events)?

- □ Remembers new associations easily _____
- □ Seems typical for his/her age _____
- □ Doesn't find this kind of memorization to be easy _____

How would you rate your child's ability to remember *meaningful* story-type information (e.g. plot of a movie, story they read or heard)?

- □ Remembers meaningful information easily _____
- □ Seems typical for his/her age _____
- □ Doesn't find this kind of memoriza□on to be easy _____

How would you rate your child's ability to *freely recall* rote, unrelated information (e.g. times tables, lists of words for a spelling test)?

- □ Memorizes rote informa□on easily _____
- □ Seems typical for his/her age _____
- □ Doesn't find rote memorization easy _____

How would you rate your child's *ideational fluency,* or speed at coming up with ideas as rapidly as possible (e.g. name as many animals as you can think of in one minute)?

- □ Very fast at coming up with ideas _____
- □ Seems typical for his/her age _____
- □ Slow to generate ideas under time pressure _____

How would you rate your child's ability to rapidly recall names for things from memory or *naming facility* (e.g. speed of reciting the alphabet, quickly naming objects pictured on a page)?

- □ Very fast at naming things _____
- □ Seems typical for his/her age _____
- □ Has trouble coming up with the right words even though he/she knows them _____

Auditory Processing:

How would you rate your child's *phonetic coding* ability (ability to sound out new words when reading)?

- □ Can sound out new words easily _____
- □ Seems typical for his/her age _____
- □ Has difficulty sounding words out_____

Does your child have difficulty hearing in a noisy classroom or distracting environment? _____

Visual-Spatial Skills:

How would you rate your child's *visualization* - the ability to perceive visual-spatial patterns and simulate how they might look when transformed (e.g. block building)?

- □ Visualiza□on ability seems very strong _____

□ Seems typical for his/her age _____

□ Seems to have some difficulty with visualizing _____

How would you rate your child's *visual memory* - ability to remember visual or visual-spatial patterns they have seen?

□ Visual memory seems very strong _____

□ Seems typical for his/her age _____

□ Doesn't seem to remember visual things very easily _____

Does your child have difficulty copying notes from the blackboard? _____

Does your child have a good sense of direction? _____

Processing Speed:

How would you rate your child's *processing speed* for completing familiar tasks (e.g. reading, arithmetic)?

□ Very quick at processing _____

□ Neither fast nor slow (typical for age) _____

□ Seems to take him/her longer than others _____

Has your child or his/her teacher commented that it takes longer for your child to complete schoolwork?

_____

Gross and Fine Motor Coordination:

How would you rate your child's *fine motor coordination* - ability to use the hands in coordinated effort (e.g. coloring, cutting with scissors, handwriting)?

□ Fine motor coordina□on is be□er than most children _____

□ Seems typical for his/her age _____

□ Seems to have some difficulty with fine motor coordination _____

Does your child hold a pen or pencil comfortably? _____

Is your child's handwriting neat and easy to read?_____

How would you rate your child's *gross motor coordination* - ability to use the whole body in coordinated effort (e.g. athletics, dance, balance, accident-prone)?

□ Gross motor coordination is better than most children _____

□ Seems typical for his/her age _____

□ Has some difficulty with gross motor coordina□on _____

Does your child enjoy playing sports? _____

Which sports? _____

Social Cognition:

Is your child an: □ Introvert □ Extrovert □ Mixed Introvert/Extrovert

Does your child have problems relating to or playing with other children? □ No □ Yes

If yes, describe why you think this is the case _____

_____

Is your child highly sensitive and easily hurt by others? _____

Do you feel your child is lonely? _____

Does your child make new friends readily? _____

Is your child skilled at getting other children to do what he/she wants? _____

Does your child prefer to play with children older than his/herself? _____

Does your child often get together with friends? _____

What do they like to do together? _____

Part VIII: ATTENTION

How would you rate your child's *attention span* for moderately challenging tasks and activities (this does not include video gaming for which most children have excellent attention spans)?

- □ Unusually high degree of sustained a□en□on _____
- □ Usually can maintain a□en□on (typical for age) _____
- □ Has difficulty sustaining a□en□on _____

How would you rate your child's level of personal organization (e.g. room, back-pack, clothing, toys)?

- □ Is well organized _____
- □ Is adequately organized (typical for age) _____
- □ Has difficulty keeping things organized _____

How would you rate your child's level of distractibility?

- □ Generally not distracted by noises, sights, interrup□ons _____
- □ Shows normal reac□ons but adapts (typical for age) _____
- □ Easily distracted _____

What is his/her activity level when required to sit still (e.g. sitting at the table for a meal)?

- □ Be□er than most children at si□ ng s□ll _____
- □ Ac□vity level similar to other children _____
- □ Fidgets or squirms more than others _____

How good is your child at taking turns?

- □ Very good at patiently waiting his/her turn _____
- □ Takes turns appropriately for age _____
- □ Gets frustrated or withdraws from ac□vi□es that require taking turns _____

Have any of your child's teachers complained that he/she may have problems with attention? _____

_____

Does your child act in impulsive ways that are considered immature for his/her age (e.g. interrupting others, blurting things out without thinking, butting into conversations or games, jumping before looking)?

□ No □ Yes (describe) _____

If yes, how serious is this behavior?

□ Not serious □ Slightly serious □ Serious □ Very serious

Does your child crave excitement and stimulation? _____

If yes, provide examples: _____

_____

Part IX: CURRENT TEMPERAMENT AND MOOD

Please select adjectives from the list below to describe your child's *current* mood and temperament:

□ Affec□onate □ Argumenta□ve □ Calm □ Caring

□ Conscien□ous □ Demanding □ Difficult □ Emotional

□ Enthusias□c □ Happy □ Hyperac□ve □ Impa□ent

□ Insecure □ Intelligent □ Irritable □ Mo□vated

□ Obedient □ Outgoing □ Reserved □ Shy

□ Stubborn □ Undisciplined □ Unhappy □ Unmo□vated

□ Other: _____

Do you feel your child is depressed? _____

_____

Do you feel your child is anxious? _____

_____

Part X: INTERESTS AND AFFINITIES

What is your child most interested in doing with his or her free time? _____

_____

In which areas has your child expressed an interest, or might be interested in trying the activity?

Athletics/Sports

□ Archery □ Ballet/Dance □ Baseball/So□ball □ Basketball □ Bowling □ Boxing

□ Cross Country □ Cycling □ Fencing □ Field Hockey □ Fitness Training

□ Golf □ Gymnas□cs □ Ice/figure Ska□ng □ Ice Hockey □ Horseback Riding

□ Lacrosse □ Mar□al Arts □ Ping Pong □ Rowing/Crew □ Rugby □ Sailing

□ Skiing/Snowboarding □ Soccer □ Swimming/Diving □ Surfing □ Tennis/Squash

□ Track and Field □ Volleyball □ Water Polo □ Weightli□ing □ Wrestling □ Yoga

□ Other (describe) _____

The Outdoors

□ Beachcombing □ Boa□ng/Canoeing/Kayaking □ Camping □ Climbing/Hiking

□ Environmental Conserva□on □ Fishing/Hun□ng □ Gardening/Botany □ Mountain Biking

□ River Ra□ing □ Scuba Diving/Snorkeling □ Star Gazing/Astronomy □ Waterskiing

□ Wild Animals/Bird Watching

□ Other (please describe) _____

Visual Arts

□ Anima□on/Cartooning □ Architecture/Design □ Drawing/Pain□ng □ Cra□ making

□ Fashion/Costume Design □ Film Making □ Graphic Design □ Photography

□ Po□ery/Ceramics □ Sculpture □ Video Art

□ Other (describe) _____

The Performing Arts

□ Ac□ng □ Circus/Acroba□cs □ Performing Comedy □ Dance _____

□ Fashion Modeling □ Performing Magic □ Musical Instrument Playing (specify): _____

_____

□ Music Composi□on/Song Wri□ng □ Public Speaking/Debate □ Singing

□ Other (describe) _____

Reading and Writing

Reading (specify genres): □ Adventure □ Classics □ Fantasy/Harry-Potter-like

□ Historical Fic□on □ Magazines □ Mystery □ Non-Fiction □ Science Fic□on

□ Favorite Books (specify): _____

Writing (specify what type of writing):

□ Journalism/Repor□ng □ Non-Fiction □ Poetry □ Short Stories □ Novels

□ Other (please describe) _____

Internet and Social Media

□ Cell Phone Tex□ng □ E-mailing □ Facebook/Other Social Media □ Playing Videogames

□ Surfing the Internet □ Watching YouTubes or other downloads

□ Other (please describe) _____

The Social Sciences

□ Anthropology □ Economics □ History □ Philosophy □ Poli□cal Science

□ Psychology □ Sociology □ Religion

□ Other (please describe) _____

Mathematics and the Natural Sciences

□ Archaeology □ Astrophysics/Space □ Biology □ Chemistry □ Computer Science

□ Engineering □ Environmental Science □ Marine Biology □ Mathema□cs

□ Medical Sciences (e.g. doctor, nurse, veterinarian) □ Microscopy □ Paleontology/Dinosaurs

□ Physics

□ Other (describe) _____

Applied Sciences, Hands-On/Mechanical

□ Building Things (e.g. bridges, roads, buildings) □ Car Mechanics □ Carpentry/Woodworking

□ Computer Repair/Servicing □ Farming □ Repairing Mechanical Objects (e.g. clocks)

□ Other (describe) _____

The World/Different Cultures

□ Geography □ Learning Foreign Languages □ Listening to the World News

□ Reading About Different Places □ Travel □ Visi□ng Museums

□ Other (describe) _____

Miscellaneous

□ Beauty/Make-Up □ Child Care/Babysi□ ng/Elder Care □ Collec□ng Things (e.g. coins)

□ Community Service □ Cooking □ Hair Styling □ Scouting (e.g. Boy Scouts)

□ Teaching/Educa□on □ Other _____

Are there activities you would like to see your child engage in more often than he/she does? _____

_____

Are there activities you would like to see your child engage in less often? _____

_____

What do you find most difficult about raising your child? _____

_____

_____

What do you find most enjoyable about raising your child? _____

_____

_____

What do you consider to be your child's greatest strengths (personality, academic, athletic, artistic, etc.)?

_____

_____

_____

_____

What do you consider to be your child's greatest weaknesses or challenges at this stage? _____

_____

_____

_____

_____

Is there anything else we should know about your child? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for providing this valuable feedback!

Educational Advising Overview Page (which is linked to the More tab on the home page):
Overview