

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) _____
- Attention and concentration problems (specify) _____
- Discipline or behavioral problems (specify) _____
- Social or interpersonal problems (specify) _____
- Gifted or grade acceleration 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:

- Gifted Reading Disability Writing Disability Math Disability Speech/Language Delay
- Autism Asperger's Syndrome Attention 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 condition but does not require medication (specify) _____
- Has a health condition that requires medication (specify condition and medication) _____

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:

- | | | | |
|---------------------------------------|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Alert | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Colicky | <input type="checkbox"/> Curious | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Determined | <input type="checkbox"/> Didn't like to be cuddled | <input type="checkbox"/> Difficult | <input type="checkbox"/> Easy |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Finicky | <input type="checkbox"/> Fun-loving | <input type="checkbox"/> Fussy |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Hard to please | <input type="checkbox"/> Independent | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Observant | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Quiet | <input type="checkbox"/> Sad | <input type="checkbox"/> Screaming |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Shy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> 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 enthusiastic _____
- 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) _____
- Often 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 memorization 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 information 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)?

- Visualization 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 coordination is better 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 coordination _____

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 attention _____
- Usually can maintain attention (typical for age) _____
- Has difficulty sustaining attention _____

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, interruptions _____
- Shows normal reactions 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)?

- Better than most children at sitting still _____
- Activity 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 activities 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:

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Calm | <input type="checkbox"/> Caring |
| <input type="checkbox"/> Conscientious | <input type="checkbox"/> Demanding | <input type="checkbox"/> Difficult | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Happy | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Impatient |
| <input type="checkbox"/> Insecure | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Irritable | <input type="checkbox"/> Motivated |

- Obedient Outgoing Reserved Shy
- Stubborn Undisciplined Unhappy Unmotivated
- 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/Softball Basketball Bowling Boxing
- Cross Country Cycling Fencing Field Hockey Fitness Training
- Golf Gymnastics Ice/figure Skating Ice Hockey Horseback Riding
- Lacrosse Martial Arts Ping Pong Rowing/Crew Rugby Sailing
- Skiing/Snowboarding Soccer Swimming/Diving Surfing Tennis/Squash
- Track and Field Volleyball Water Polo Weightlifting Wrestling Yoga
- Other (describe) _____

The Outdoors

- Beachcombing Boating/Canoeing/Kayaking Camping Climbing/Hiking
- Environmental Conservation Fishing/Hunting Gardening/Botany Mountain Biking
- River Rafting Scuba Diving/Snorkeling Star Gazing/Astronomy Waterskiing
- Wild Animals/Bird Watching
- Other (please describe) _____

Visual Arts

- Animation/Cartooning Architecture/Design Drawing/Painting Craft making
- Fashion/Costume Design Film Making Graphic Design Photography
- Pottery/Ceramics Sculpture Video Art
- Other (describe) _____

The Performing Arts

- Acting Circus/Acrobatics Performing Comedy Dance _____
- Fashion Modeling Performing Magic Musical Instrument Playing (specify): _____
- Music Composition/Song Writing Public Speaking/Debate Singing
- Other (describe) _____

Reading and Writing

- Reading (specify genres): Adventure Classics Fantasy/Harry-Potter-like
 Historical Fiction Magazines Mystery Non-Fiction Science Fiction
 Favorite Books (specify): _____

Writing (specify what type of writing):

- Journalism/Reporting Non-Fiction Poetry Short Stories Novels
 Other (please describe) _____

Internet and Social Media

- Cell Phone Texting 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 Political Science
 Psychology Sociology Religion
 Other (please describe) _____

Mathematics and the Natural Sciences

- Archaeology Astrophysics/Space Biology Chemistry Computer Science
 Engineering Environmental Science Marine Biology Mathematics
 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/Serviceing 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 Visiting Museums
 Other (describe) _____

Miscellaneous

- Beauty/Make-Up Child Care/Babysitting/Elder Care Collecting Things (e.g. coins)
 Community Service Cooking Hair Styling Scouting (e.g. Boy Scouts)
 Teaching/Education 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!