

Family Background Questionnaire

SECTION 1: CONTACT INFORMATION

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

Current School and Location _____ Grade _____

Child's Date of Birth (month/day/year) _____ Child's Age _____ Gender _____

Home Address (include city) _____

PARENT ONE (Person filling out this questionnaire):

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

Mobile Phone _____ E-mail _____

Occupation (title, name of company, industry) _____

Education (please list all colleges and graduate schools attended by Parent One)

	Name of Institution	Degree Earned	Field of Study
Undergraduate Degree			
Graduate Degree			
Additional Degree			
Additional Degree			

PARENT TWO:

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

Mobile Phone _____ E-mail _____

Occupation (title, name of company, industry) _____

Education (please list all colleges and graduate schools attended by Parent Two)

	Name of Institution	Degree Earned	Field of Study
Undergraduate Degree			
Graduate Degree			
Additional Degree			
Additional Degree			

SECTION 2: FAMILY INFORMATION

1. Select *one* choice that best describes this child's parents:

Living together and: Married Domestic Partnership Unmarried

Living separately and: Separated Divorced Widowed Other: _____

2. Please list all additional people currently living in this child's home (e.g. siblings, grandparents, nannies).

Name	Relation to Child	Age	If school age, name of school and grade

3. Is this child adopted or a foster child? If yes, please indicate when child joined your family, age at adoption, whether the adoption has been discussed with child, and whether child has contact with birth parents.

Not Applicable

4. Please describe any major changes in your family's living situation or significant family stresses experienced over the past two years (e.g., major move, death of a close family member, serious illness, family conflict, unemployment, trauma):

None

SECTION 3: REFERRAL QUESTIONS

5. What are your questions or concerns about your child? Please be as specific as possible.

6. When did you first become concerned about these issues? What have you tried already?

7. Does your child have any current diagnoses? Examples might include ADHD, autism, reading disorder, anxiety, giftedness, or a medical condition such as epilepsy. If yes, please indicate who diagnosed your child.

8. Has your child had any previous evaluations? If so, what type? If yes, please **provide copies of reports**.

- Neuropsychological/Psychoeducational
- Educational/Learning
- Occupational Therapy
- Auditory Processing
- Psychological (e.g. for anxiety, depression)
- Speech/Language
- Behavioral Optometrist
- Other: _____

9. Has your child seen any other service providers? e.g., psychiatrist, psychologist, speech therapist, occupational or physical therapist, behavioral optometrist, chiropractor? Please include any current providers, and write “current.”

Name of provider and title/job	Date(s) seen	Reason for visit(s)

10. What do you consider to be your child’s greatest strengths (e. g. personality, academic, athletic, artistic)

SECTION 4: MEDICAL AND DEVELOPMENTAL HISTORY

11. Does your child currently see any medical specialists? (e.g., neurologist, endocrinologist):

Name of provider and title/job	Date(s) seen	Reason for visit

12. Does your child currently experience any of the following? (Check if yes)

- Asthma Allergies: _____ Frequent Headaches Migraines
 Appetite/Eating Problems _____ Tics _____
 Sleep Problems: _____ Frequent Stomachaches
 Other: _____

13. Please list all medications and supplements your child currently takes:

Medication Name	Dosage	Reason	Who Prescribes

14. Were there any complications during the pregnancy or delivery? e.g. maternal bed rest, exposure to substance abuse, breech, trouble breathing at birth, low Apgar score.

15. Were there any concerns about your child’s early development (ages 0-3)? (e. g. sleeping or feeding problems, colic or fussiness, early motor, speech, or language problems, separation anxiety, sensory concerns, or social difficulties).

16. How would you describe your child’s early development (ages 0-3)?

	Advanced or Developed Earlier than Peers	Typical	Behind or Developed Later than Peers
Motor Development (e.g. crawling, first steps)			
Language Development (e.g. first words, speaking in complete sentences)			
Social Development (e.g. playing well with others)			

17. Were languages other than English spoken to/around your child? (by whom, how often)

18. Has your child ever had a serious illness or injury? No Yes If yes, provide details:

19. How many hours of sleep does your child get on a typical night?

- I don't know Less than 6 6 to 7 7 to 8 8 to 9 More than 9 Varies

Do you think your child gets enough sleep? Yes No Why not? _____

Is your child on a screen (phone, iPad, laptop) in bed before falling asleep? Yes No

20. Please indicate **family history** for any of the following medical/psychological problems (Check if Yes and indicate relationship of family member (e.g. father, maternal grandmother)).

- Epilepsy, seizures, Tourette's _____
- Depression/anxiety _____
- ADHD or suspected attention problems _____
- Autism or suspected autism _____
- Dyslexia or reading problems _____

21. Please indicate **family history** of giftedness/suspected giftedness (don't be modest). Indicate relationship of family member (e.g. father, maternal grandmother).

SECTION 5: SCHOOL AND LEARNING

22. List all schools your child has attended. Begin with preschool/kindergarten and include current school.

Name of School	Grades/Years Attended

23. Has your child ever repeated or skipped a grade? Yes No
If yes, please describe:

24. Does your child currently receive Special Education services? Yes No

If yes, please describe services and whether your child has an IEP or Section 504 Plan.

25. Does your child currently receive extra help in school not covered by an IEP or 504 Plan such as informal accommodations, RTI, or tutoring? If yes, please describe. List all tutors, subjects taught, and hours per week.

Yes No

26. Did your child receive services in the past that are not currently being provided? Yes No

If yes, please describe.

27. Has your child been identified as gifted in or outside of school? By whom? Yes No

28. Is your child's teacher or school staff concerned about academic progress? Yes No

If yes, please describe.

29. How is your child currently doing in these subjects and skill areas (only if applicable)?

	<u>Serious Problem</u>	<u>Below Average</u>	<u>About Average</u>	<u>Above Average</u>	<u>Way Above Average</u>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwriting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies/History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test-Taking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Is your child's academic performance inconsistent or uneven? Yes No

31. Is there a discrepancy between your child's ability to comprehend and their academic output? Yes No

If yes, please describe.

32. Please describe your child's study habits:

33. Is your child experiencing social, emotional, or behavioral difficulties at school? Yes No
If yes, please describe:

34. Does your child generally enjoy school? Yes No
Please describe:

35. How much time does your child spend each school night on homework?
 None-30 min. 30-60 min. 1-2 hours 2-3 hours 3-4 hours More than 4 hours

36. Do you feel your child requires more help with homework than his/her peers? Yes No

37. Does your child dislike/resist starting and doing homework? Yes No

38. Does it take your child more time than his/her peers to complete assigned homework? Yes No
Please describe and explain why you think this is the case (e.g. procrastination, slow work pace, perfectionism):

39. How much recreational "screen time" (e.g. phone, tv, video games) does your child engage in on school days?
 None Up to 30 min. 30-60 min. 1-2 hours 2-3 hours 3-4 hours More than 4 hours

40. Do you feel this is too much time spent on screens? Yes No

41. How much recreational (not assigned as homework) reading time does your child engage in on school days?
 None Up to 30 min. 30-60 min. 1-2 hours 2-3 hours 3-4 hours More than 4 hours

42. Do you wish your child would spend more time reading? Yes No

43. Please list all of your child's extra-curricular activities, sports, hobbies, and favorite pastimes.

SECTION 6: FEELINGS, BEHAVIOR, AND RELATIONSHIPS

44. Are you concerned about any of the following for your child? Check if yes:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Attention | <input type="checkbox"/> Impulse Control | <input type="checkbox"/> Activity Level | <input type="checkbox"/> Planning/Organization |
| <input type="checkbox"/> Depression/Sadness | <input type="checkbox"/> Loneliness/Withdrawal | <input type="checkbox"/> Meltdowns/Tantrums | <input type="checkbox"/> Anger/Frustration |
| <input type="checkbox"/> Disregard of Rules | <input type="checkbox"/> Irritability | <input type="checkbox"/> Argumentativeness | <input type="checkbox"/> Anxiety/Stress |
| <input type="checkbox"/> Resilience/Coping Skills | <input type="checkbox"/> Rigidity/Getting Stuck | <input type="checkbox"/> Repetitive Behaviors | <input type="checkbox"/> Transitioning |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Empathy | <input type="checkbox"/> Independence | <input type="checkbox"/> Conscientiousness |
| <input type="checkbox"/> Academic Motivation | <input type="checkbox"/> Effort/Laziness | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Stubbornness | <input type="checkbox"/> Too Sensitive | <input type="checkbox"/> Obsessive Interests |
| <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Feeling Misunderstood | | |

45. Please describe your child's peer group. How does your child relate to peers?

46. Please describe your child's level of *interest* and rate their *ability* in each area below. For the ability rating, consider whether your child's ability appears to be stronger or weaker than their peers.

Activity	Interested (check Yes or No)		Ability (check below average, average, or talented)		
Athletics/Sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Visual Arts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Construction/Engineering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Performing Arts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Music	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Leadership	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Outdoors/Nature	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Community Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Technology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Creativity (not just in arts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Mathematics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Science	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Language Arts/English	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Social Studies/History	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
STEM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented
Entrepreneurship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Talented

47. What else is important to know about your child? (Use reverse if desired.)

Thank you for providing this valuable feedback!

