**CONFIDENTIAL QUESTIONNAIRE – Family**

**All information given on this form will be treated with the strictest confidence.**

The purpose of this questionnaire is to gather information on your child in order to assess how best to support his/her learning needs.

**General Information**

|  |  |
| --- | --- |
| Child’s Name : | Age: |
| Male/Female: | Date of Birth: |
| Number of siblings (if any): |  |

|  |
| --- |
| What languages are spoken at home? |
| **1.** |  | **2.** |  | **3.** |  |
| If English is not the first language, how long has English been spoken? |

**Family Background**

Is there anyone in the family who has had difficulty with speech, literacy and numeracy?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relative e.g: mother/father/Uncle/sister | Speaking | Reading | Writing | Spelling | Maths |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

|  |
| --- |
| Were there any complications or unusual features during pregnancy? |

**Developmental milestones**

|  |
| --- |
| Were there any concerns with developmental milestones such as: sitting up, crawling or walking? |

|  |
| --- |
| Does your child show dominance with one hand?  **Yes/No** |

**Speech, Language and Communication Development**

|  |  |
| --- | --- |
| At what age did your child begin to say a few meaningful words? |  |
| Was your child’ speech understandable outside the family by the age of 3 years? **Yes/No** |
| Has your child ever had speech difficulties, e.g. stammering, lack of clarity with certain sounds etc?  **Yes/No**Please give details: |
| Does your child have difficulty remembering a list of instructions? **Yes/No**Please give details: |
| Can your child express his/her ideas clearly? **Yes/No** |
| Has your child had speech, language and communication assessment/therapy? **Yes/No**If yes, please give details:  |

**Medical History**

|  |
| --- |
| Have there ever been any medical concerns? |
|  If you answered ‘yes’ to the above question, please give details below. |

**Vision**

|  |
| --- |
| Has your child ever mentioned any visual difficulties when reading such as words moving on the page or words blurring? |

|  |
| --- |
| Has your child’s vision been tested? **Yes/No**What was the result? |
| Have you ever consulted a vision expert other than for regular eye tests? **Yes/No**Please give details: |

|  |
| --- |
| Has your child’s hearing been tested? **Yes/No**What was the result? |
| Did your child ever suffer from ear infections, sinus problems or numerous colds? **Yes/No** |
| Has your child ever had glue ear?**Yes/No** |

**Motor Skills and Co-ordination -** please tick if your child has ever had difficulty with:

|  |  |  |  |
| --- | --- | --- | --- |
| Colouring/drawing |  | Riding a bike |  |
| Cutting  |  | Dressing |  |
| Jigsaw puzzles |  | Skipping |  |
| Lego |  | Balance |  |
| Catching a ball |  | Tying shoe-laces |  |
| Climbing stairs |  | Knocking things over/general clumsiness |  |

|  |
| --- |
| Does your child fidget a lot? **Yes/No** |

**Attention & Memory**

|  |
| --- |
| Does your child have any attention and concentration difficulties? **Yes/No** |

|  |
| --- |
| Does your child have any memory difficulties? **Yes/No** |

**Sequencing & Directionality**

|  |
| --- |
| Does your child have difficulty remembering the sequence of a story, or have a tendency to recall events out of sequence? **Yes/No** |
| Does your child confuse his/her left and right? **Yes/No** |

**Education**

|  |
| --- |
|  How would you describe your child’s attitude to school?   |

|  |
| --- |
| Which subjects does your child find most difficult at school? |
| Which subjects are they good at? |
| Does your child find reading easy? |
| Does your child find spelling easy? |
| Does your child find writing easy? |
| Does your child experience difficulties with maths? |

|  |
| --- |
| What are your child’s main strengths? |
| What are your child’s main interests/hobbies? |
| What is your child’s least favourite activity? |

**Social & Emotional Well-Being**

|  |  |
| --- | --- |
| How well motivated is your child to work in school?  |  **LOW/AVERAGE/HIGH** |

|  |
| --- |
| Does your child display signs of nervousness, timidity or anxiety? **Yes/No** |

|  |
| --- |
| How well do they get on with other children:In the family?In school? |

|  |
| --- |
| How would you describe your child’s self-esteem? |

Is there any other information you would like to give?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you very much for taking the time to complete this questionnaire. Your cooperation is very much appreciated.**