

Parent Questionnaire

Child's Name _____ Interviewee _____

Does your child receive special education services at school or in the community? Yes No

If yes, please list service agencies and services. _____

Physical In general, how would you characterize the following as they relate to your child?

Vision: typical impaired blind

Hearing: typical impaired deaf uses hearing aid

Gross Motor: head control sits crawls walks with assistance walks independently

Fine Motor: typical delayed impaired

Ambulatory Aids: walker crutches braces wheelchair

Other Medical Devices Used: _____

Other Physical Needs: _____

Allergies (medications, food, other): _____

How can we best meet your child's physical needs? _____

Toileting

Frequency/Schedule: _____

Toilets: independently with assistance

Toileting Aids: none diapers/pull-ups catheter

How does your child tell someone that he or she needs to use the restroom? _____

Behavioral Please check all that apply to your child.

- | | | |
|--|--|---|
| <input type="checkbox"/> shy | <input type="checkbox"/> plays well alone | <input type="checkbox"/> sometimes hits, bites, or hurts self or others (please explain) |
| <input type="checkbox"/> outgoing | <input type="checkbox"/> plays well in groups | _____ |
| <input type="checkbox"/> enjoys peer interactions | <input type="checkbox"/> adapts well to change | _____ |
| <input type="checkbox"/> enjoys interactions with adults | <input type="checkbox"/> responds well to gentle correction | <input type="checkbox"/> is comfortable when away from family members or in a new setting |
| <input type="checkbox"/> likes to share | <input type="checkbox"/> sometimes attempts to run away | <input type="checkbox"/> has some separation anxiety (please explain) |
| <input type="checkbox"/> can concentrate for typical periods of time | <input type="checkbox"/> is generally gentle with people and objects | _____ |
| <input type="checkbox"/> can sit with a large group | <input type="checkbox"/> is sometimes destructive | _____ |
| <input type="checkbox"/> can follow verbal directions | <input type="checkbox"/> sometimes threatens others | _____ |

What are your child's main interests or favorite activities? _____

What brings your child joy? _____

What makes your child upset or sad? _____

How is your child best comforted when upset? _____

How can we best meet your child's behavioral needs? _____

Parent Signature _____

Date _____