

## Family Questionnaire

It is important that this questionnaire is completed as fully as possible; this will enable me to support your child in the most effective way. Thank you for your time in completing this questionnaire.

I regard personal information as very important and therefore ensure that personal information is treated lawfully and correctly.

<b>Full Name of Child:</b>		<b>Age:</b>	
<b>Date of Birth:</b>		<b>School Year:</b>	
<b>Name of parent / guardian:</b>			
<b>Home address:</b>			
<b>Contact Tel No: (mobile)</b>			

### Family Background

	Age	Name	Occupation or School/College
Father			
Mother			
Other Carer			
Brothers/Sisters			
If your child does not live with both parents at the address above, please explain the situation.			

If your child was adopted:	
At what age?	Is your child aware?
What languages are spoken at home?	
If English is not your child's first language, how long has English been spoken?	
Does your child experience any difficulties in his/her first language?	

**Speech, Language, Literacy and Numeracy**

Learning is complex so it is helpful to know if other family members have struggled in these areas.

Have any family members had problems with:

Relative	Speaking	Reading	Writing	Spelling	Maths
1.					
2.					
3.					
4.					

**Pregnancy, Birth and Early Development**

It is very useful to know about your child's very early life and development

	Yes	No
Were there any problems during pregnancy with this child?		
Was the birth at full term and a normal delivery?		
Were there any problems in the early months? If yes, please give details below:		

Were all the normal developmental milestones reached? E.g., Walking, talking, riding a bike?		

Did your child show clear preference for one hand?		
Which hand?	At what age?	Has he/she maintained this preference?

**Speech, Language and Communication Development: This relates directly to learning**

At approximately what age did your child begin to use a few words?		
Was your child understandable outside the family by the age of 3?	Yes	No
Were any sounds mispronounced? If so, which ones?		
Were there any jumbled or mispronounced words?		

Does/did your child have problems with:	In the past		Current	
	Yes	No	Yes	No
Clarity of speech				
Understanding spoken language				
Self-Expression				
Please give details of any difficulties highlighted above:				
Has your child had speech, language and communication assessment or therapy? If Yes, please enclose the report(s)	Yes		No	

**Medical History: information about your child's health is important**

Has your child had rubella, mumps or glandular fever?	
Please give details of any accidents or any hospitalisation your child has had:	
Please give information regarding any illnesses or conditions that the assessor should be made aware of:	

<b>Please tick if your child has</b>		
Asthma	Brittle nails	Frequent urination
Rheumatoid Arthritis	Excessive thirst	Hay Fever
Allergies	Colour Blindness	Light sensitivity
Epilepsy	Eczema	Migraine

	Yes	No
Is your child normally healthy?		
Is your child on a special diet or are any foods avoided?		
Please give details:		

When was your child's last sight test?	Date:  N.B. If more than 2 years ago please book a sight test before the assessment takes place. This is a professional standards requirement.		
Was this a standard sight test with an optician or a more detailed assessment with an optometrist?			
Was any prescription made?			
If <b>Yes</b> , was your child advised to wear the prescription glasses/contact lenses for:	Distance: e.g. looking at a whiteboard or watching television	Near: e.g. for reading	Both

	Yes	No
Has your child's hearing been tested within the last 2 years?		
If so, please give details.		
Do you think your child hears normally at the moment?		
Have you ever thought your child may have a hearing loss?		
Does your child have a history of ear infections?		
<b>Please tick/highlight if your child has had surgery for:</b>		
Tonsils	Adenoids	Grommets

**Activity\Behaviour: Please tick if your child has ever had difficulty with:**

	In the past	Ongoing		In the past	Ongoing
Jigsaw Puzzles			Hyperactivity		
Lego			Tantrums		
Colouring/Drawing			Discipline		
Dressing			Long silences		
Using cutlery			Sleeping		
Tying shoelaces			Anxiety		
Catching balls			Eating		
Stair climbing			Food textures		
Cycle riding			Being withdrawn		
Remembering nursery rhymes			Following verbal instructions		
Co-ordination			Organisation		
Clumsiness			Learning timetables		
Toilet training			Concentration		

**Education**

Schools attended	Dates	State?	Independent?

Has your child missed a lot of school?			

<b>Highlight any particular difficulties at school.</b>			
Reading	Slight	Moderate	Severe
Spelling	Slight	Moderate	Severe
Writing	Slight	Moderate	Severe
Mathematics	Slight	Moderate	Severe
Sports and Games	Slight	Moderate	Severe

	Yes	No
Has your child had any extra tuition outside school?		
With whom?		
How often?		
What helped/didn't help?		

	Yes	No
Has your child had any support in school?		
With whom?		
How often?		
What helped/didn't help?		

	Yes	No
Does your child have any other therapy?		
If so, please give details:		

	Yes	No
Has your child been assessed by an Educational psychologist? If so, please enclose a copy of the report.		

**Parents: Views and concerns**

What is your concern about your child?
What is your view of the difficulty?
What views has your child expressed?
What special interests/hobbies/talent(s) does your child have?
Does your child have any particular dislikes?

	Yes	No
Would you like to receive the Elliott Education newsletter providing information and resources about how to support your child?		
How did you hear about Elliott Education?		

Signed:

Date:

Name: