



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 Parent 1 Parent 2 Other (specify) _____

PARENT ONE:

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

Mobile Phone _____ Home Phone _____

E-mail _____ Currently working outside the home? Yes No

Occupation (name of company, title, basic function) _____

Education (please list names of all colleges, graduate schools, and degrees earned) _____

PARENT TWO:

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

Mobile Phone _____ Home Phone _____

E-mail _____ Currently working outside the home? Yes No

Occupation (name of company, title, basic function) _____

Education (please list names of all colleges, graduate schools, and degrees 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? _____

Areas of concern (check all that apply, and specify):

- Learning difficulty/disability _____
- Attention and concentration _____
- Executive function _____
- Discipline or behavior _____
- Social or interpersonal problems _____
- Giftedness _____

How long have these issues been of concern to you, your child, or your child's teachers? _____

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 review. If the assessment(s) resulted in specific diagnoses, select all that apply:

- Gifted Reading Disability Writing Disability Math Disability Speech/Language Delay
- Autism or 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?

- Both parents (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?

- 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) _____

Is your child currently taking any kind of medication, traditional or alternative? (list name of each medication, and what it is for) _____

If your child is taking medication for ADHD, do you think it helps very much? _____

Has your child ever had a serious illness or injury? No Yes If yes, please answer items below:

What illness? _____

At what age did the illness occur? _____

Vision: Has your child had a recent vision test (when)? _____ Wear glasses? _____

Has your child worked with a vision therapist? (describe why, for how long) _____

Hearing: 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? _____

Occupational Therapy: Has your child received occupational therapy or sensory processing therapy? (describe why, for how long) _____

Does your child receive any other form of therapy, alternative or traditional (e.g. biofeedback, chiropractic, herbal supplements)? _____

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
- Varies

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

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 family (parents, grandparents, siblings, etc.) experienced difficulties with attention, social, psychiatric, or learning problems? (specify)

Part III: BIRTH HISTORY

Was your child adopted? _____ (if yes, please provide a separate write-up describing birth history (if available) and any health/other issues following the adoption).

If your child was not adopted, were there any complications before, during, or shortly following birth? (e.g. breech, 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 |
- Other: _____

How would you rate your child's *motor skills* development (up to age 3), relative to same-age peers 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), relative to same-age peers 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 3? (if yes, describe results) _____

Were languages other than English spoken to/around your child up to age 3? (by whom, how often) _____

Part V: PRESCHOOL HISTORY (approximately age 3 to 5)

Did your child attend preschool? _____ Beginning at what age? _____ Name of school and location: _____

Please rate your child's *cognitive* development (ages 3-5) relative to same age peers, e.g. ease of learning, knowledge of the alphabet, general knowledge and understanding:

- Seemed to learn more easily (or earlier) than most _____
- Typical _____
- Seemed to learn more slowly than others _____

Please rate your child's *social* development (ages 3-5) relative to same age peers, e.g. ability to play with others, development of friendships, empathy and relationships with children and adults:

- Seemed to develop more easily (or sooner) than most _____
- Typical _____
- Seemed to be have more difficulty than others _____

Please rate 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)? _____

If your child has received any special educational services at school, e.g. resource room instruction, speech therapy, gifted programming, an IEP or 504, describe the age/grade and services your child has received

Please list all schools (not counting preschool) that 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 attitude toward school?

- Very enthusiastic _____
- Generally likes school _____
- Likes some things but dislikes others _____
- Generally dislikes school _____
- Dislikes school so much that he/she does not want to go _____

How long does your child 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 your child requires more help with homework than his/her 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 to his or her homework?

- Works very hard _____
- Generally tries fairly 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?

- None
- Less than 1 hour
- 2-3 hours
- 3-4 hours
- More than 4 hours

How much recreational reading time does your child engage in on school days?

- None
- Up to 30 minutes
- 30-60 minutes
- 1-2 hours
- 2-3 hours
- More than 3 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 ABILITIES and OTHER SKILLS

Have you noticed any potential weaknesses (or strengths) in your child's *oral language*, e.g. receptive (listening) or expressive (speaking) skills? _____

Have you noticed any potential weaknesses (or strengths) in your child's *short or long-term memory*?

Have you noticed any potential weaknesses (or strengths) in your child's *fine motor coordination*, e.g. ability to use the hands in coordinated effort when coloring, cutting with scissors, handwriting? _____

Have you noticed any potential weaknesses (or strengths) in your child's *gross motor coordination*, e.g. ability to use the whole body in coordinated effort in athletics, dance, balance, etc. _____

Have you noticed any potential weaknesses (or strengths) in your child's *social skills*, e.g. making new friends, getting along with others, overly sensitive to being hurt? _____

Have you noticed any potential weaknesses (or strengths) in your child's ability to pay *attention*? _____

Have your child's teachers complained that he/she may have problems with *attention*? _____

Is your child *impulsive* (e.g. interrupting others, blurting things out, butting into conversations or games)?

Have you noticed any potential weaknesses (or strengths) in your child's level of personal organization (e.g. room, back-pack, clothing, toys)? _____

Have you noticed any potential weaknesses (or strengths) with your child's ability to remember homework assignments, time management, and planning ahead for long-term assignments? _____

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 |
| <input type="checkbox"/> Obedient | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Reserved | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Undisciplined | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Unmotivated |
| <input type="checkbox"/> Other: _____ | | | |

Do you feel your child is depressed? _____

Do you feel your child is anxious? _____

Part X: INTERESTS AND AFFINITIES

Describe your child's interests: _____

Have you observed situations in which your child becomes totally absorbed in a particular subject area? ____

If yes, please explain: _____

Have you observed situations in which your child has discussed adult topics such as politics, religion, or current events? _____ If yes, please explain: _____

Have you observed situations in which your child becomes self-assertive, stubborn, or aggressive? _____ If yes, please explain: _____

Have you observed situations in which your child avoided tasks? _____ If yes, please explain: _____

Have you observed situations in which your child was particularly curious? _____ If yes, please explain: _____

Have you observed situations in which your child was highly imaginative? _____ If yes, please explain: _____

Have you observed situations in which your child was humorous or seemed to be aware of nuances of humor? _____ If yes, please explain: _____

In which of the following areas has your child expressed interest, or do you think they might if exposed?

Athletics/Sports

- Archery
- Backpacking/Climbing/Hiking
- Badminton
- Ballet/Dance
- Baseball/Softball
- Basketball
- Boating/Canoeing/Kayaking
- Bowling
- Boxing
- Cross Country
- Cycling
- Fencing
- Field Hockey
- Fishing/Hunting
- Fitness Training
- Football
- Golf
- Gymnastics
- Horseback Riding
- Ice/figure Skating
- Ice Hockey
- Lacrosse
- Martial Arts
- Ping Pong
- Rowing/Crew
- Rugby
- Sailing
- Scuba Diving
- Skateboarding
- Skiing
- Snowboarding
- Soccer
- Swimming/Diving
- Surfing
- Tennis
- Track and Field
- Volleyball
- Waterskiing
- Weightlifting
- Whitewater Rafting
- Wrestling
- Yoga
- Other _____

Do you consider your child to be particularly skilled athletically? _____

Visual Arts

- Animation/Cartooning
- Architecture/Interior Design
- Drawing/Painting
- Craft making
- Fashion/Costume Design
- Film Making
- Graphic Design
- Photography
- Pottery
- Sculpture
- Other _____

Do you consider your child to be particularly visually creative/talented artistically? _____

The Performing Arts

- Acting Circus/Acrobatics Performing Comedy Dance Directing/producing
- Fashion Modeling Performing Magic
- Musical Instrument (specify which): _____
- Music Composition Singing Stage set design/lighting/sound Other _____

Does your child like to be the center of attention, on stage? _____

Do you consider your child to be talented at performing? _____

Communication

- Blogging/Social Media Journalism Foreign Languages Public Speaking/Debate
- Songwriting Storytelling Writing Non-Fiction Writing Poetry Writing Fiction
- Other _____

Do you consider your child to be talented at communicating? _____

The Social Sciences

- Anthropology Economics History Listening to/reading the news Philosophy
- Political activism Political Science Psychology Sociology Religion
- Other _____

Do you consider your child to be particularly interested in/talented at the social sciences? _____

STEM Related Fields

- Archaeology Astrophysics Biology Building things (e.g. Legos) Chemistry
- Computers Engineering Environmental Science Marine Biology Mathematics
- Mechanics Medicine Paleontology/Dinosaurs Physics Robotics Videogames
- Virtual Reality Taking things apart to see how they work Other _____

Do you consider your child to be particularly interested in/talented at STEM subjects? _____

Miscellaneous

- Beauty/Make-Up/Hair Child Care/Elder Care Collecting things Community Service
- Cooking Gardening Geography Hair Styling Scouting (e.g. Boy Scouts)
- Teaching/Mentoring Others Other _____

Motivation

Do you consider your child to be very competitive with others? Are they driven to be “the best” at things? Is it important to them that they “win”? _____

Are you able to motivate your child with rewards (e.g. buying a toy they want, extra time on the computer)?

Would you describe your child as a “people pleaser”? _____

Is your child more of a leader or a follower? _____

Do you feel your child’s motivation is more intrinsic? Are they drawn to things based primarily on their interest in the subject? _____

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 are some of the things you find most difficult about raising your child? _____

What are some of the things 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/challenges at this stage? _____

If there is anything else we should know about your child, please attach a write-up. _____

Thank you for providing this valuable feedback! You may scan and e-mail the form to: dm@drdevon.com.
Or send it in the mail it to: Devon MacEachron, PhD, 71 East 77th Street, #7C, New York, N.Y. 10075