

Behavioral and School Problems Questionnaire for Parent/Guardian

You have requested evaluation of your child for concerns with behavior or school performance. Please complete this form to help facilitate this evaluation.

Childs Name: _____ Date: _____ Birth Date: _____

Age: _____ Grade: _____ School: _____

Completed by: _____

Please list your primary concerns:

How is child's behavior at home:

How is child's behavior at school:

How is child's behavior with friends:

What are the biggest challenges at school:

What are the child's most recent grades:

Please list any past or present special education services or extra help at school:

Please list child's strengths/hobbies/activities:

What was this child's gestational age at birth (40 weeks is full term):

Please list any problems with pregnancy or birth:

Please list any past medical problems:

Please list any medications this child is taking:

Please describe any prior developmental or mental health problems:

Indicate ages at which child: First waked____First spoke words____Toilet trained____

Has your child had any prior hearing tests? YES/NO Results_____

Does your child have any vision problems or use corrective lenses: YES/NO

Circle any of the following that affect this child's **close relatives**: attention deficits, depression, tics, Tourette syndrome, obsessive-compulsive disorder, antisocial or criminal behavior, personality disorder, bipolar disorder, learning disability, other mental illness. Please explain:

Any relatives have heart attack or sudden unexplained death under the age of 40?
YES/NO

Describe child's current home environment, family members, etc:

Please circle any of the following child has problems with: poor sleep, irritability, seizures, strange movements or sounds (tics), snoring, fainting, heart problems, poor appetite, depression, suicidal thoughts, stress, anxiety, obsessions, social awkwardness, difficulty making friends, short temper, anger, meanness, bullying, cruelty, theft, vandalism.

Other information you would like to provide:

Does this child receive any special education services or any other additional help?
YES/NO

If yes: please describe the program, include how many hours per week this help is received:

If no: Has a referral for a special education evaluation been made? YES/NO
Do you plan to refer this child to special education? YES/NO

What techniques have you used or changes you have made that seem to help this child?

Please relate any other information you think would be helpful.
