

Family Questionnaire

Child's full name	What they like to be called
Date of birth	Male/Female

In order to make the assessment as effective as possible, it would be helpful to gain an overall picture of your child's background, family life and health (both past and present), to supplement information provided by the school. If there is any additional information about your child you feel may be of help, please feel free to expand on any of the questions asked, either on the form or on an additional piece of paper.

Name of person completing questionnaire and contact telephone number
Relationship to child

Family background

It is useful to know who is part of your child's family

	Name	Age	Occupation
Father			
Mother			
Other care-giver			
Brothers/sisters			

Is English spoken at home?	Yes/No
Are any additional languages spoken at home?	Yes/No
If English is not his/her first language, how long has English been spoken and does s/he have any difficulties speaking in their first language?	

Sometimes literacy difficulties can run in families, so it is helpful to know if there is any history of this with family members. Have any relatives struggled with:					
Relation	Speaking	Reading	Writing	Spelling	Maths
Additional information:					

Pregnancy, birth and early years

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

Were there any complications during pregnancy?	Yes/No
Was the pregnancy full term? If not please detail:	Yes/No
Were there any complications in delivery?	Yes/No
Did your child experience any problems in the early months, such as sucking or feeding?	Yes/No

Approximately how old were they when they started to		
Sit up	Crawl	Walk
If they did not crawl, how did they move around?		

Does your child show a strong preference for one hand? (see below)	
Early years	Left/Right/Swapped between hands
Present	Left/Right/Swaps between hands

Approximately how old was your child when they began to talk?

In the early years, did you have any concerns about your child's ability regarding	
Understanding spoken language	Yes/No
Their ability to communicate verbally	Yes/No
Their clarity of speech	Yes/No
When learning to talk, did your child ever jumble or mispronounce words?	Yes/No
Were they understandable outside the family by the age of 3?	Yes/No
Has your child ever received a speech and language assessment or therapy?	Yes/No
If yes to any of the above, please give examples:	

Medical history

When did your child last have an eye test?		
Approximate date		Outcome
Has your child ever had a hearing test?		
Approximate date		Outcome
Do you have any concerns regarding your child's eyesight or hearing?		
Has your child ever received treatment for		
Grommets	Tonsils	Adenoids

Has your child ever suffered from any of the following: please circle all that apply		
Asthma	Hay fever	Allergies
Glue Ear	Light Sensitivity	High Fever Episodes
Ear infections	Eczema	Epilepsy
		Migraines

Does your child suffer from any food intolerances?	Details	Yes/No
Does your child eat a wide variety of foods?		

Does your child take any kind of medication	Yes/No
Details	

Have they ever missed a significant period of school for any reason?	Yes/No
Details	

Overall, would you consider your child to be healthy?	Yes/No
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Activities and behaviour

Has your child has ever had difficulty with any of the following?

	In the past	Presently
Stair climbing		
Balance		
Co-ordination		
Clumsiness		
Using cutlery		
Tying shoelaces		
Jigsaw puzzles		
Holding a pencil		
Colouring/drawing		
Throwing a ball		
Catching a ball		

Please rate how able you feel your child is with the following activities (1 = not confident 5 = extremely able/confident)					
Remembering/reciting nursery rhymes	1	2	3	4	5
Learning times tables	1	2	3	4	5
Concentrating for short periods of time (up to 10 minutes)	1	2	3	4	5
Concentrating for long periods of time (over 10 minutes)	1	2	3	4	5
Following verbal instructions	1	2	3	4	5
Being able to retell a story	1	2	3	4	5
Self organisation	1	2	3	4	5
Time keeping	1	2	3	4	5
Forward planning	1	2	3	4	5

Does/did your child have problems with any of the following (please circle all that apply)				
Sleeping	Bedwetting	Hyperactivity	Tantrums	Discipline
Eating habits	Anxiety	Memory	Becoming withdrawn	

School and Learning

Does your child enjoy school/learning?	Yes/No
Do they get on well with other children?	Yes/No
Do they get on well with adults?	Yes/No
Do they receive any additional support outside of school ie tutoring?	Yes/No
Has your child ever received help or an assessment with any professionals, such as educational psychologists, therapists or specialist teachers? If so, please detail overleaf	Yes/No
*If your child was in education during the COVID-19 pandemic (2019/20), a) Which year group were they in? b) Did they attend school during lockdown or stay home? c) Were they able to engage with on-line learning? Comments:	

Parent's views and concerns

How would you best describe your child (please circle all that apply)						
Outgoing	Confident	Sociable	Withdrawn	Nervous	Capable	Focussed
Disruptive	Energetic	Clumsy	Particular	Fussy	Logical	Responsible
Enthusiastic	Lethargic	Creative	Emotional	Introverted	Careless	
Empathetic	Unaware	Imaginative	Independent	Practical	Attentive	
Other (please detail)						

Does your child attend any extra curricular activities outside of school?

Does your child have any special interests, hobbies or talents?

Do they have any particular dislikes?

Do you have any concerns about your child's academic development or progress?

Has your child expressed any concerns?

Is there any other information about your child that you would like to share?

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Signature

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Date