

# The Family Psychologist



## Pre-Assessment Parent or Carer Questionnaire

To help us obtain a full picture of the difficulties your child has been experiencing, it is important to have background knowledge. Please complete this questionnaire as fully as you are able and return it to us at your earliest convenience by either post or email.

### **Current Information**

Name of child .....

Date of Birth .....

Correspondence Address .....

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Telephone Number .....

Email .....

Carer Names .....

Parent Names .....

GP's name & Address in case  
Of Emergency .....

Do you have any special requirements for accessing an appointment? For example; wheelchair access, ground floor appointment room. ....

### **Child's Difficulties**

Please give a brief description of the concerns you have about the child – and the settings in which these concerns are most noticeable, e.g. at home, nursery/school or with particular people?

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Please let us know about any additional help or support you or the child has received, or is currently receiving, in relation to these difficulties, e.g. Health Visitor, GP or school support.

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**School Information (if applicable)**

Name of present school / nursery .....

State / independent .....

Current school year .....

Class teacher .....

Head teacher .....

Please tick as you feel most appropriate:

**Behaviour**

Aggressive, Anxious, Over active, Normal, Timid, Friendly, Dis-organised, Responsive, Withdrawn, Oversensitive, Assertive, Attention Seeking, Co-operative, Passive, Other.....

**Attitude Towards Adults**

Apprehensive, Aggressive, Obedient, Normal, Resentful, Submissive, Calm, Awkward Other.....

**Attitude Towards Work**

Seeks approval, Enthusiastic, Distractible, Competent, Slow, Not Interested, Self Motivated Other.....

**Attitude Towards Others**

Friendly, Popular, Prefers older pupils, Prefers younger pupils, Withdrawn, Talkative, Dominant, Aggressive, Submissive, Normal, Doesn't make friends easily, Well mannered  
Other.....

**Developmental Information**

Pregnancy & Birth - Please comment on any difficulties during pregnancy or at birth (e.g. low birth weight, foetal distress, anoxia)

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**Milestones (to the best of your memory!)**

Approximate age of first sitting .....  
Approximate age of first steps .....  
Age of first word .....  
Age of simple sentences .....  
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Were/are there any difficulties with your child's speech, hearing or vision?

Is your child on any medication / drugs at present? If yes, give name and condition for which taken:

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What are you hoping will be achieved by your child attending appointments at The Family Psychologist?

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Please read the statement and decide if it is *True* or *False*. Please tick appropriate box.

Question	True all the time	Sometimes True	False
S/he is fearful of movement e.g. swings, roundabouts			
S/he likes rough play			
S/he is always on the move			
S/he is heavy footed			
S/he dislikes certain fabric clothing e.g. denim			
S/he often fiddles with objects			
S/he strongly dislikes grooming activities e.g. hair washing nail trimming teeth cleaning			
S/he is bothered by flickering lights			
S/he is a fussy eater, only likes certain textures of food			
S/he is easily distracted by noise			
Will not sit without fidgeting or insists on leaving the table			
S/he is clumsy and awkward in their movements			
S/he has poor balance			
S/he has difficulty controlling a pencil for their age or poor handwriting			
S/he has difficulty riding a bike with/without stabilizers or was delayed (after age 7) when learnt			
S/he is disorganised with belongings			
S/he becomes easily frustrated			
S/he needs to practise new movement activities that other children learn more easily			
S/he has difficulty with self-care skills e.g. dressing, using a knife and fork			

Date:	.....
Name & Relationship to Child:	.....
Parent/Guardian Signature:	.....

**Your information will be stored securely and only shared with professionals and agencies involved in child's assessment and therapy along with your GP.**

Please return the completed form to:

**The Family Psychologist Ltd**  
11 Church Street  
Kidderminster  
DY10 2AH

By email to: [support@thefamilypsychologist.co.uk](mailto:support@thefamilypsychologist.co.uk)  
Or fax it to: **01562 61 00 16**