

Questionnaire for parents

Your child has been referred for an educational/psychological assessment so that an appropriate teaching programme can be developed for your child. To obtain a full picture of your child's development we would like to ask you to fill in this questionnaire. The data will be handled confidentially. Your child will be assessed by:

Name:

Establishment: HCO

Address: Postbus 53509
2505 AM Den Haag

Telephone number: 070-4482828

If you have any questions about the assessment or questionnaire, please contact the person named above. Please return or send this completed form to school.

PUPIL'S PERSONAL DATA

First name(s):

Surname:

Name that the child is known by:

Date of birth:

Gender: boy girl

Country of origin:

Nationality:

The pupil has been in Holland since:

Language(s) spoken at home:

Address and area code:

Telephone number:

FAMILY BACKGROUND

Name of the mother:

Date of birth:

Profession:

- What is your relation to the pupil? biological mother
 foster-mother
 step-mother

Name of the father:

Date of birth:

Profession:

- What is your relation to the pupil? biological father
 foster-father
 step-father

Number of brothers:

First name(s):

Age(s):

School or profession:

Number of sisters:

First name(s):

Age(s):

School or profession:

Who lives in the family home?
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.....

Has the family experienced any of the following circumstances (death of a family member, divorce, second marriage, other family members living with your family, disabled family members, moving home, moving country, discharge, and illnesses)?

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.....

PHYSICAL DEVELOPMENT

Were there any difficulties experienced during pregnancy or the birth of your child? yes no
If so, which?

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.....

Does your child have any congenital disabilities (physical disability, chronic diseases, or hereditary diseases)? yes no

If so, which?

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Does your child eat well? yes no

Does your child sleep well? yes no

Does your child have good hearing? yes no

Does your child have good vision? yes no

Is your child experiencing any physical complaints at this time? yes no

If so, which?

.....

Can you please indicate how your child developed the following skills in comparison with its peers?

- standing and walking quick normal slow

- first words quick normal slow

- potty training quick normal slow

Has your child ever needed physiotherapy? yes no

Has your child ever needed speech therapy? yes no

Has your child visited a medical day-care centre ("medisch kinderdagverblijf, MKD")? yes no

Does your child take medicine? yes no

Does your child have any allergies? yes no

Has your child ever been admitted to hospital? yes no

If so, for what reason?

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Does your child practise sports? yes no

If so, what sport?

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Does your child have other hobbies (such as crafts, music, theatre, collecting things)?

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.....

Which of the following behaviors does your child exhibit?

- | | |
|--|---|
| <input type="checkbox"/> thumbsucking | <input type="checkbox"/> fussy, nervous behavior |
| <input type="checkbox"/> stuttering | <input type="checkbox"/> clumsy behavior |
| <input type="checkbox"/> wetting the bed | <input type="checkbox"/> slow, inactive behavior |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> busy, attention seeking behavior |
| <input type="checkbox"/> nailbiting | <input type="checkbox"/> silent, withdrawn behavior |

THE SCHOOL SITUATION

Did your child attend pre-school/nursery? yes no

Did your child quickly get used to elementary/primary school? yes no

What school does your child attend now?

What is the address?

Which class is your child in?

Has your child ever changed schools? yes no

If so, for what reason?

Has your child ever been held back a year? yes no

If so, in which class and for what reason?

Is your child often absent from school? yes no

If so, for what reason?

Has your child ever received learning support? yes no

If so, for which subject(s)?

Does your child like going to school? yes no

If not, what do you think the reason is?

What is the contact between your child and his/her teacher like?
 good reasonable bad

What do you think is the main problem at school at this moment?

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.....

How does the school support your child?

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.....

How do you feel about this approach?

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.....

Have you been involved in discussions regarding the difficulties named above?

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What is the contact between you and the school like?

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.....

SOCIAL-EMOTIONAL DEVELOPMENT

Was the contact between your child and you during the baby and toddler period good?

Oyes O no

If not, what did you notice?

Did you notice anything striking in your child's behavior during his/her first four years (timid, crying a lot, stubborn, hot-tempered, busy, not listening well, shy, anxious)?

O yes O no

If so, what did you notice?

Is the contact between your child and you good at this time?

O yes O no

If not, what exactly is not going well?

Does your child have good contact with other family members? O yes O no

If not, what is the problem?

Does your child have good contact with other children (outside the family)? O yes O no

If not, what is the problem?

Have you noticed a change in your child's behavior (stubborn, shy, anxious, aggressive, busy, negative, listless, concentrating badly, not coping well with changes)? O yes O no

If so, what have you noticed?

Which of the following activities does your child do on his/her own?

- washing himself/herself
- (un)dresses himself/herself
- tidies up his/her own effects
- will stay the night with friends and relatives

What does your child like to do out of school hours?

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What do you and your child do together?

.....

Do you and your child talk about problems or personal things? O yes O no

Are you worried about the development of your child? O yes O no

If so, what do you worry about most?

Do you have any ideas about the causes of your child's difficulties?

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What do you consider to be your child's strengths?

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.....

On which questions concerning your child's development do you hope to receive an answer after this assessment?

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.....

Has your child ever undergone a psychological assessment? O yes O no

If so, by which establishment(s)?

Do you give permission to assessor to request your child's personal data from the above establishment(s)? O yes O no

Date:

Signature father:

Signature mother:

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