

# HIS PLACE FOR HELP IN SCHOOL

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## PARENT QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name

First Name

Parent Name/s \_\_\_\_\_ Child's Age \_\_\_\_\_

Address \_\_\_\_\_ Grade placement? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ # Brothers \_\_\_\_\_ #Sisters \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-Mail \_\_\_\_\_

Where is child attending school? \_\_\_\_\_ (OR) How long home schooled? \_\_\_\_\_

Are you homeschooling under Religious Exemption? \_\_\_\_\_

Has your child been evaluated/tested for hearing? \_\_\_\_\_ Vision? \_\_\_\_\_ Does child wear glasses? \_\_\_\_\_

Does your child use a hearing aid? \_\_\_\_\_ Has your child had vision therapy? \_\_\_\_\_ When?) \_\_\_\_\_  
?

Has child ever been tested for learning problems? Y/N \*\*\* If yes, when? \_\_\_\_\_

\*\*\*PLEASE INCLUDE COPIES of PREVIOUS TEST REPORTS\*\*\*

Why did you have your child tested? \_\_\_\_\_

Please answer the following questions as fully as possible: Use the back of the sheet or extra pages if necessary.

### 1) GENERAL HEALTH

Was the child full term? \_\_\_\_\_ If not, # weeks you were pregnant at delivery \_\_\_\_\_ Birth Weight \_\_\_\_\_

Y/N Were there complications during pregnancy? Explain on reverse: \_\_\_\_\_

Y/N Was the baby hospitalized immediately after birth? Please explain and tell how the problem resolved.

Y/N Has your child had major illnesses, ever been hospitalized, or had major surgeries (ear tubes, hernia etc.)

Y/N Is your child currently taking medications (Ritalin, other medicines)? **If yes, list and tell what each is for.**

Y / N Has your child ever experienced a serious head injury? If yes, at what age? \_\_\_\_\_ If yes, please **explain** what happened and how the child responded – become sleepy, become unconscious, have headaches afterwards? What was the medical diagnosis? \_\_\_\_\_

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**2. ALLERGIES:**

Y / N Has your child be tested for allergies? If yes, when? \_\_\_\_\_ Dr. \_\_\_\_\_

Y / N Does your child take allergy shots on regular basis? How many? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child have: [check all that apply]

Y / N frequent headaches

Y / N itchy skin

Y / N watery eyes

Y / N frequent runny nose

Y / N frequent earaches

Y / N seasonal symptoms

Y / N reactions to foods

Y / N reactions to chemicals/paints

\*\*Add other information that you believe is significant about allergies on the **reverse** side of this sheet

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**3. BACKGROUND INFORMATION:**

Y / N Is there a family history of learning problems (even undiagnosed) ? father \_\_\_\_\_ mother \_\_\_\_\_ other ? \_\_\_\_\_

*Explain:* \_\_\_\_\_

Y / N Do any blood relatives or children in your immediate family have ADD/ADHD? Who?

Y / N Did you have to move a lot in recent years? If yes, how did your child adjust? \_\_\_\_\_

Y / N Has your child attended **public school**? If yes, which grade/s? \_\_\_\_\_ Gone to summer school? \_\_\_\_\_

Y / N Been retained? If yes, in what grade? \_\_\_\_ Why? \_\_\_\_\_

Y / N Did the child's school ask you **not** to correct spelling mistakes on your child's writing?

Y / N Was your child taught to read in public schools?

Did they use Whole Language or Sight Word method? \_\_\_\_\_

Y / N Did you teach your own child to read? If yes, what reading program did you use?

When did your child begin to read fluently and with confidence? \_\_\_\_\_

What kind of schoolwork frustrates your child the most? \_\_\_\_\_

Describe a typical difficult assignment and how your child responds to it. \_\_\_\_\_

What do you see as your child's greatest **weakness**? \_\_\_\_\_

What do you think is your child's greatest **strength**? \_\_\_\_\_

What strategies work best to help your child do better? \_\_\_\_\_

What are you doing to develop strengths for your child? \_\_\_\_\_

**4. COMMUNICATION AND ATTENTION:**

- Y / N Does your child pay appropriate attention when you speak?
- Y / N Does your child seem to “zone out” when you talk with them or when doing work? (e.g. Are there periods of gazing off or he/she almost does not seem to be you are speaking to them?)
- Y / N Does your child have trouble remembering what you say?
- Y / N Can your child repeat complete sentences back to you? If you aren't sure, try asking your child to do this.
- Y / N Does your child have trouble answering your questions? (If yes, describe a typical situation on back of this sheet.)
- Y / N Does your child have trouble following directions with more than one step or omit tasks on a list of things to do like "Make your bed, pick up your socks, and put them in the laundry."
- Y / N Does your child seem to make careless errors in school work?
- Y / N Does he/she seem to rush through things or skip questions on worksheets or tests?
- Y / N Does your child seem accurate, but slow, on assignments?
- Y / N Work better when **not** timed?
- Y / N Does your child often seem to ignore the + or – signs in math work or do the wrong operation?
- Y / N Does your child have difficulty carrying out a complex task or organizing information mentally?
- Y / N Does your child act impulsively – even to the point of putting him/herself in danger?
- Y / N Does your child have difficulty staying organized?
- Y / N Does your child have trouble waiting to take a turn?
- Y / N Does your child have trouble getting along with kids his/her age?
- Y / N Does your child have times of restlessness or excess physical activity at inappropriate times? \*
- Give an example of what activity the child was doing, where, and how it seemed inappropriate.
- 

**5. LANGUAGE DEVELOPMENT:**

- Y / N Did your child speak at typical age? At about what age? \_\_\_\_\_ talk in sentences? \_\_\_\_\_
- Y / N Did your child point rather than state what he/she wants after age two? Until what age? \_\_\_\_\_
- Y / N Does your child have specific speech/language difficulties? *If YES, give describe /give examples:*
- 
- Y / N Has anyone expressed concern about your child's speech/language development? (If yes, what is the concern?)
- 
- Y / N Can your child remember specific names of objects, numbers, letters, or colors? *If YES, give examples:*
- 
- Y / N Does your child have trouble remembering or “finding” the right word in talking spontaneously?
- Y / N Does your child have trouble remembering or coming up with the right word in answering questions?
- Y / N Does your child have trouble explaining what's on his/her mind?
- Y / N Does your child have trouble communicating with other children? Y / N With adults?
- Y / N Is your child easily frustrated when you/or other children don't seem to understand? *Give an example:*
- 
- Y / N Does your child forget test answers soon after they studied hard and seemed to know the answers?
- Y / N Does this happen more frequently in a particular subject area? *Which one?* \_\_\_\_\_

Y / N Does the child have trouble explaining the **meaning** of vocabulary words?

**6. SCHOOL SETTING/CURRICULUM:**

Y / N Does the child have access to a quiet place to study and work? Where? \_\_\_\_\_

Y / N Does your child use or have access to a computer? For work and/or play? \_\_\_\_\_

Y / N Does your schedule vary frequently so certain subjects are often left out for days at a time?

Y / N (when applicable) Are both parents instructing the child? If YES, what does each parent teach?

\_\_\_\_\_

Y / N Have there been or are there issues in the home, family or school situation that might be interfering with the child's present performance – such as recent illness for child, loss of family member or pet, a recent move? *Explain briefly:*

\_\_\_\_\_

\_\_\_\_\_

Y / N Do you maintain a regular daily and/or weekly schedule? (Include regular support groups, YMCA, etc.)

List all socializing or educational activities outside school in which the child participates regularly

\_\_\_\_\_

\_\_\_\_\_

Y / N Does the child's learning problems cause them any difficulty in these extra activities? (e.g. Is it difficult for your child to memorize Bible verses or recite in a karate class?) *Give examples.*

\_\_\_\_\_

**7. CURRICULUM IN USE**

Subject	Textbook or material being used	Grade Level	Times/ week

**8. ASSESSMENT/TESTING:**

Please check all that you use in teaching: Which of these types of tests prove the **most difficult** for your child?

- \_\_\_\_\_ textbook or curriculum-provided workbook tests
- \_\_\_\_\_ parent created tests
- \_\_\_\_\_ true/false tests
- \_\_\_\_\_ multiple choice
- \_\_\_\_\_ written composition
- \_\_\_\_\_ informal – asking questions as you work through the content
- \_\_\_\_\_ oral testing
- \_\_\_\_\_ regularly scheduled evaluations – e.g. Friday spelling tests?

## 9. READING

Y / N How does the child feel about reading overall? \_\_\_\_\_

Y / N Did the child avoid reading aloud whenever possible?

Y / N Does the child read aloud laboriously, word by word, with little expression?

Y / N When reading, does your child substitute an incorrect word with a word that starts with same letter?

Y / N Does he/she read as if punctuation weren't there?

Y / N Does your child often leave out words while reading aloud?

Y / N Does the child have trouble remembering what was just read?

Y / N Can the child summarize a passage that he or she just read?

Y / N Can the child answer fact-based questions about what was just read?

Y / N Does your child answer questions with irrelevant details instead of the main idea?

Y / N Does the child frequently lose his/her place during reading aloud?

Y / N Does the child follow the words using a pointing finger? (This can be a good thing!!)

Y / N Does your child say the words under his breath to himself as he reads?

Y / N Does the child reverse the order of words in reading?

Y / N Does your child reverse sounds within words or seem unable to pronounce words correctly?

Y / N Did your child have trouble learning the sounds that letters make? [which ones?] \_\_\_\_\_

Y / N Were some letter sounds harder than others (vowels? consonants?) *Give examples:* \_\_\_\_\_

Y / N Can your child make up a rhyme of one word with another?

Y / N Can your child tell you if two words rhyme?

Y / N Can your child clearly distinguish the difference between similar sounds? *If not, please explain:*

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## 9. SPELLING

Y / N Is the child's spelling inconsistent from page to page, week to week?

Y / N Do the spelling errors seem related to the actual sounds of the letters missed? (*Example: phone as fone*)?

Y / N Do you notice frequent spelling reversals of letters or other patterns of errors?

Y / N Does your child have difficulty sounding out words one sound at a time

Y / N Can your child divide words into syllables? Was this skill introduced yet? \_\_\_\_\_

Y / N Do you notice that your child cannot transfer previously learned spelling rules to new words?

## 10. WRITING COMPOSITION AND FINE MOTOR SKILLS

Y / N Does your child have difficulty using pencil and paper to write? *Explain or illustrate:*

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Y / N Does your child have difficulty writing in **printing** (manuscript)?

Y / N Does the child resist doing other work with pencil and paper? What kind of tasks or assignments?

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## CHARACTERISTICS OF PRINTING/HANDWRITING

Check all that apply:

- a) letters do not stay on the line  
 b) the letters are all different sizes  
 c) the letters are different distances apart  
 d) the letters are not formed correctly  
 e) the letters slant at different angles

Y / N If your child writes in **cursive**, check all that apply:

- a) words and letters do not stay on the line  
 b) the letters are not formed correctly  
 c) the letters slant in several directions  
 d) the letters are all different sizes  
 e) the letters are different distances apart  
 f) capital & lower case incorrectly used in the same word

Y / N Does your child resist writing sentences or compositions?

Y / N Is it very difficult to perform the physical act of writing? \_\_\_\_\_ (Hand pain? Tremors? Cramping?)

What part of the writing process seems the most difficult? \_\_\_\_\_

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Y / N Can your child write stories in logical order?

Y / N Does your child struggle to put ideas into words in *writing*?

Y / N Does your child have difficulty putting his/her ideas into words in *speaking*?

Y / N Are most written sentences very short and elementary?

Y / N Is your child's oral vocabulary more advanced than written vocabulary?

Y / N Are written compositions very babyish in content and include ideas that are not fully developed?

Y / N Can your child organize paragraphs into MAIN IDEAS and use supportive details?

Y / N Does your child struggle to master grammar rules and/or consistently use incorrect grammar?

Y / N Does your child have trouble mastering the mechanics of written language (such as capitalization/punctuation)?

Y / N Does your child use a word processor to do written work? If yes, does it improve the quality of written work?

*Explain* \_\_\_\_\_

**\*\*Attach at least two written compositions of creative writing and/or other writing samples. These work samples are an important piece of understanding your child's present skills.**

## 12. MATH

Check the basic number facts 1-12 that your child **knows well**. (This will vary, depending on grade level!)

addition     subtraction     multiplication     division

Y / N Does your child prefer reading/writing work over doing math?

Y / N Does your child have difficulty keeping track of time?

Y / N Can your child tell time on non-digital clock (round face with long/short hand) ?

Y / N Does your child do the wrong math operation frequently? (does he/she mix up signs?)

Y / N Does your child do better with concrete objects for calculations?

Y / N Does your child **always** use them to count/tally answers?

Y / N Does your child usually use fingers to count when doing calculations?

Y / N Can your child do estimation and/or mental math?

Y / N Does your child often write certain numbers backwards? Which ones? \_\_\_\_\_

- Y / N Does your child get confused when doing a sequence of steps – e.g. long division or reducing fractions?
- Y / N Does your child lose his/her place on the page frequently while copying math problems?
- Y / N Are math problems written in irregular or uneven columns or rows on paper?
- Y / N Does the math work wander all over a page? (e.g. Starts problem #1 in lower left of paper, then #2 in upper right)
- Y / N Does he/she begin write number clearly? *Explain exactly what you see (attach work samples)*
- Y / N Does your child have trouble **visualizing** concepts, amounts of objects, or the location of places?

If your child struggles with math, give details of math difficulties you may have observed.

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\*\*If you have expressed concerns about your child's MATH work, please provide at least 3 recent work samples of his/her math and word problem solving.

### 13. PROCESSING, VISION, HEARING -- ODDS AND ENDS

- Y / N Has your child seen a physician for eye problems? If yes, who? \_\_\_\_\_
- Y / N Does your child rub his/her eyes frequently or squint while reading or doing written work?
- Y / N Does your child frequently bring his head very close to the page when working or reading?
- Y / N Does your child have difficulty with *large* motor coordination, sports, bike riding?
- Y / N Do you see your child as awkward, having trouble with sports, dropping things or falling a lot?
- Explain:* \_\_\_\_\_
- Y / N Did your child walk on his/her toes most of the time when younger?
- Y / N Can your child hear normally? (If not, please explain on reverse side).
- Y / N Does your child get distracted by pages/workbooks with lots of "busy" details or graphics?
- Y / N Does your child lose things frequently?
- Y / N Does your child have unusual hyper-sensitivity to noise (e.g. Do loud sudden noises cause pain-like response?)
- Y / N Does your child strongly resist being touched? Was this true when he/she was an infant? \_\_\_\_\_
- Y / N Does your child seek or need a lot of physical stimulation -- rough handling, bumping walls, etc.?
- Y / N Was this true even when they were very young? (rocking, bumping his head into crib, pushing/hitting siblings?)
- Y / N Does your child frequently comment or complain about "normal" smells? *Give examples:*

- 
- Y / N Have you noticed a particular sensitivity to the taste, temperature or texture of foods?
- Y / N Does your child have a strong dislike/avoidance or prefer specific fabrics or garments?
- Explain:* \_\_\_\_\_
- Y / N Does your child have "anxieties" that concern you – more severe than "average"? *Please give examples:*

- 
- Y / N Can you recall a time when you noted a significant **change** in your child's ability to recall previous learning?
- Y / N Does your child become agitated when closed in by crowds or close spaces?
- Y / N Does your child seem unable to concentrate if things are "too quiet?" or "too noisy"? Which one?
- Y / N Does your child seem to get disoriented in new locations or "feel lost" in new places?
- Explain:* \_\_\_\_\_
- Y / N Does your child avoid eye contact when speaking with you or others? Since when? \_\_\_\_\_
- Y / N Is your child able to conduct conversation normally with peers? With adults? Y / N

Y / N Does your child seem too focused -- to the point of excess -- on a single object or topic?

*Explain:* \_\_\_\_\_

Y / N Does your child frequently seem confused when spoken to?

Y / N Does your child often take an abnormally long time before answering questions in conversation?

Y / N Is your child currently seeing a psychiatrist or psychologist or counselor? If yes, please give some brief background information on this. \*\*\*Emotional issues truly play a significant role in a child's learning!!!

\_\_\_\_\_  
\_\_\_\_\_

**14.** Please add any concerns about your child's education that were not addressed in this questionnaire on a separate sheet..

**Public School Children only**

Y / N Has your child ever had an IEP? (If yes, please provide a copy).

Y / N Does the child have a current IEP from the public schools? (If yes, please provide a copy).

Y / N Does the child obtain **any** services from the public school – such as Occupational Therapy or Speech? List:

\_\_\_\_\_

\*\*If your child was found eligible for public school special education services of any kind, please be sure to include copies of Eligibility Minutes, and Psycho-Educational Test report, speech-language or other documentation and the special education plans developed for your child when sending your questionnaire.

**What specific help you are seeking from HIS Place?** Please be as complete as possible. (e.g. I just want to know why he/she is struggling, does he/she have a learning disability, I want to have HIS Place write a Student Education Plan,?)

\_\_\_\_\_  
\_\_\_\_\_

State specifically **your** greatest concern/s for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like the following services from HIS Place: **DIAGNOSTIC TESTING**\_\_\_\_ **1-on-1 CONSULT** \_\_\_\_  
**PHONE CONSULT**\_\_\_\_\_**STUDENT EDUCATION PLAN** \_\_\_\_\_

**Specific Behavioral Concerns:** Does your child have a behavior or behaviors create *issues or learning problems* for him or her?\*\*\* Yes or No.

If not, then you have completed this questionnaire. You do not need to complete or send p. 9. If you do have concerns, please complete page 9. Thank you.



**Specific Behavioral Concerns:**

a) What conditions seem to trigger the behavior? \_\_\_\_\_

\_\_\_\_\_

b) Are these outbursts sudden and/or way out of proportion to the event that “triggered” them?

\_\_\_\_\_

c) What specific negative behaviors are you observing?

\_\_\_\_\_

\_\_\_\_\_

\*\* d) Is your child seeing a professional for this behavior and/or taking medications?

(What are the medications? \_\_\_\_\_)

\*\*This is something that may impact testing performance and academic performance. Please be as helpful as possible without revealing any confidential information that you would prefer to keep private.

Use additional pages to add any concerns or additional information.

Attach **copies** of psychologists’ reports, psychiatric or medical reports and/or school IEP team eligibility data. **Please do not bring originals!** Thanks.