CONFIDENTIAL FAMILY QUESTIONNAIRE – ADHD QbCheck

As part of the assessment, a qualitative report will be written following a clinical interview to support the QbCheck computer generated report. It would be helpful if you could answer the following questions and return this questionnaire to me on the day of the appointment. Don’t worry if you can’t answer everything! Where there is a yes/no option, please highlight the applicable answer, or delete the non-applicable answer.

**Please be aware that it may not always be possible for a formal diagnosis of a specific learning difficulty to be made as the result of an assessment.**

*\*If the child is under the care of the Local Authority or is a ward of court, you MUST obtain the relevant approval, in writing, for this assessment to take place.*

*Please expand as required for your answers – don’t worry if the formatting gets changed*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s full name |  | | | |
| Parent’s surname (if different) |  | | | |
| Name of person requesting this assessment |  | | | |
| Relationship to child |  | | | |
| Child’s date of birth |  | Gender |  |
| Age |  | Year group |  |
| Home address |  | | | |
| Postcode |  | | | |
| Phone number |  | | | |
| Mobile phone number |  | | | |
| Email |  | | | |
| Child’s School/College |  | | | |
| School/College Address |  | | | |
| Class Teacher |  | | | |
| Head teacher |  | | |
| SENCo |  | | |

**How did you hear about Hertfordshire Dyslexia?**

Word of mouth / educational establishment / workplace / local advertisement / on-line search / professional body / other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­\_

**Family Background: It helps to know who is part of your child’s family.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Age | Name | | Occupation or School / College |
| Mother | N/A | Click here to enter text. | | *Optional* |
| Father | N/A | Click here to enter text. | | *Optional* |
| Other carer |  |  | | *Optional* |
| Brothers / sisters |  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| How well does he/she get on with other children in the family, and other children generally? | | | | |
| If your child does not live with both parents at the address on page 1, please explain so any misunderstandings are avoided: | | | | |
| If your child was adopted: | | | | |
| At what age |  | | Is your child aware? | Click here to enter text. |

**Learning is complex so it is helpful to know if other family members have struggled in these areas. Have any family members had problems with:**

|  |  |  |  |
| --- | --- | --- | --- |
| Relative (who) | Hyperactivity | Impulsivity | Inattention |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| **Did any of these family members have any *specialist support or medication* due to their difficulties?** | | | |

**Pregnancy, Birth and Early Development: It is very useful to know about your child’s very early life and development.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Yes** | | | **No** | | | |
| Were there any problems during pregnancy with this child? (if yes, please explain) | |  | | |  | | | |
| Was the pregnancy full term?  (if no, please explain) | |  | | |  | | | |
| Was delivery normal?  (if no, please explain) | |  | | |  | | | |
| Weight at birth? | |  | | | | | | |
|  | | **Yes** | | | **No** | | | |
| Were there any problems in the early months? E.g. Sucking or feeding etc (if yes, please explain) | |  | | |  | | | |
| If possible, please state at approximately what age your child did the following: | | | | | | | | |
| Sit up | Crawl | | | Walk | | | | |
|  | | | | | | | | |
| If your child did not crawl please explain how s/he moved around: | | | | | | | | |
| Do you feel your child met all their developmental milestones as expected? **Yes/**No  *If not, please provide details:* | | | | | | | | |
| Did your child show clear preference for one hand? | | | | | | | | |
| Which hand? | At what age? | | Has s/he maintained this preference? | | | | | |
| Click here to enter text. | Click here to enter text. | | **Yes** | | |  | **No** |  |

**Speech, Language and communication development: this relates directly to learning**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Was your child born in the UK? | |  | | | | |
| If **no**, where were they born and when did they come to live in the UK? | |  | | | | |
| What languages are spoken at home? | | 1 | Click here to enter text. | | | |
| 2 |  | 3 |  | | | |
| If English is not his / her first language, how long has English been spoken? | | | | |  | |
| Does your child experience difficulties in his / her first language? | | | | |  | |
| Did their speech develop as normal? | | | | |  | |
| If no, please give details, including details of any interventions. For example, did they have any speech therapy? | | | | | | |
| At approximately what age did your child begin to use a few words? | | | | | | |
|  | | | | **Yes** | | **No** |
| Was your child understandable outside the family by the age of 3 years? | | | |  | |  |
| Were any sounds mispronounced? If so which ones? | | | |  | |  |
| Were there any jumbled or mispronounced words? | | | |  | |  |
| Do you feel that your child’s speech developed normally? | | | |  | |  |
| If no, please give details, including details of any interventions. | | | | | | |
| Does your child have any physical or sensory disabilities/impairments of which I need to be aware? | | | | | | |

**Activity / Behaviour: Please tick if your child has ever had difficulty with:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **In the past** | **Ongoing** |  |  | **In the past** | **Ongoing** |
| Jigsaw puzzles |  |  | Bedwetting |  |  |
| Lego |  |  | Hyperactivity |  |  |
| Colouring/drawing |  |  | Tantrums |  |  |
| Dressing |  |  | Discipline |  |  |
| Using cutlery |  |  | Long silences |  |  |
| Tying shoelaces |  |  | Sleeping |  |  |
| Catching balls |  |  | Nightmares |  |  |
| Throwing balls |  |  | Anxiety |  |  |
| Stair climbing | Click here to enter text. |  |  | Eating |  |  |
| Swimming |  |  |  | Food textures |  |  |
| Cycle riding |  |  |  | Being withdrawn |  |  |
| Remembering nursery rhymes |  |  |  | Following verbal instructions |  |  |
| Co-ordination |  |  |  | Organisation |  |  |
| Clumsiness |  |  |  | Learning times tables |  |  |
| Toilet training |  |  |  | Concentration |  |  |
| Please provide details of any difficulties noted above: | | | | | | |
| If your child is clumsy, please provide examples: | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did any of your child’s school reports mention difficulties with concentration or poor attention span? ***If so, can you provide examples?*** | | | | |
| What specific difficulties did/does your child experience in primary school? ***Please give details*** | | | | |
| What specific difficulties did/does your child experience in secondary school (if applicable)? ***Please give details*** | | | | |
| Has your child had a specialist assessment at school or elsewhere? ***Please give details*** | | | | |
| If there has been a previous assessment, can you supply the report? YES/NO  **Please do not send the original copy** | | | | |
| Please give details of name of professional and date of any previous formal assessment, and a brief summary of the findings: | | | | |
| Are you aware of any reason why your child needs to have an educational assessment by a psychologist rather than a specialist assessor? | Yes |  | No |  |
| If yes, please give reasons:  Click here to enter text. | | | | |

**Parents: Views and Concerns**

|  |
| --- |
| Please outline your concerns about your child? |
| What is your view of the difficulty? |
| What views has your child expressed? |

|  |
| --- |
| What special interests/hobbies/talent(s) does your child have? |
| Does your child have any particular dislikes? |