

Pre-Admission

Parent Questionnaire

1. PERSONALITY

a) Please list three words that would best describe your child's personality:

b) Please tell us your child's interests. How does he/she spend free time? What does he/she like to play with?

c) Does your child have any fears or anxieties? If yes, please state.

d) Does your child have a particular toy/object that is comforting to him/her?

2. DEVELOPMENTAL HISTORY

Language

a) How old was your child when he/she began to speak?

b) Were there concerns about early language development such as delayed start of speech, problems being understood, etc.?

Hearing

Have you ever suspected a hearing problem? _____

If yes, please explain: _____

Sight

Has your child had any visual problems? Does your child wear glasses a) for reading or b) for distance vision?

If yes, please explain: _____

Motor

Have there been concerns about your child's motor development such as delayed start of walking, balance or coordination problems, and difficulty with holding or handling small objects?

If yes, please explain: _____

3. SOCIAL DEVELOPMENT

Feeling or behaviour	Almost Always	Sometimes	Never
Sticks to an activity for at least ten minutes			
Plays well with other children			
Stops an activity when told to do so			
Does what is asked by a parent			
Separates easily from parent/ caregiver			

Is easily frustrated and often cries			
Notices other people's feelings			

What form of discipline do you use at home and how does your child respond to discipline?

Is there anything that is unique about your family or child that would be useful in our work with your child? _____

4. ROUTINES

Is your child toilet trained? _____

Does your child currently nap during the day? _____ For how long? _____

Is your child able to feed himself /herself independently?

Form completed by: _____ Relationship to child: _____

Child's Name: _____

Date of Birth: _____ Today's Date: _____