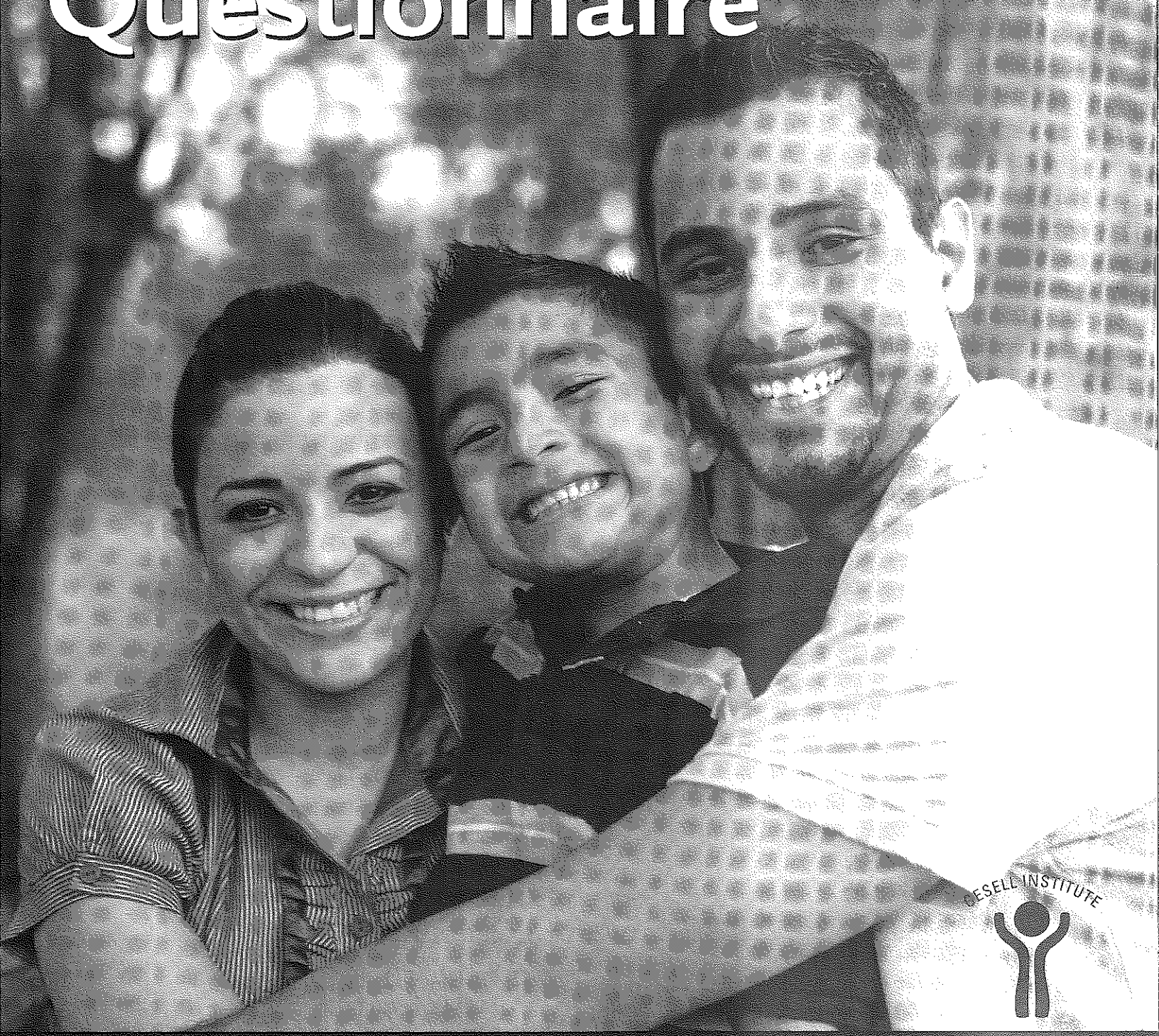


PARENT/GUARDIAN Questionnaire



Child's Name:

Female Male

Grade/Class:

Parent/Guardian's Name:

School Name:

Examiner's Name:

	YEAR	MONTH	DAY
Date of Completion			
Date of Birth			
Chronological Age			

Subtract DOB from date of completion to calculate chronological age.

Dear Parent or Guardian: Please answer the following questions to the best of your knowledge and return this form as soon as possible. This information helps us understand your child better. We value the important input of parents and guardians in understanding the child. Please know that this information will be kept private. *Thank you for taking the time to help us serve your child better.*

Part 1: Family Background and Demographics

1. Your Name: _____
2. Child's Date of Birth: _____
3. What is your relationship to this child? _____
4. Are you his or her primary caregiver? Yes No
5. How would you describe your race and/or ethnicity?
 - Asian Black or African American Latino or Hispanic
 - White American Indian Hawaiian/Pacific Islander
 - Multi-racial (Please specify: _____)
 - Other (Please specify: _____)
6. How would you describe the child's race and/or ethnicity?
 - Asian Black or African American Latino or Hispanic
 - White American Indian Hawaiian/Pacific Islander
 - Multi-racial (Please specify: _____)
 - Other (Please specify: _____)
7. What is the child's sex? Male Female
8. What languages are spoken in the home? _____
9. What is/are the child's native language(s)? _____

Part 2: Medical and Educational History

10. Was the child's birth premature? Yes No Don't know
11. If yes, how many weeks early? _____
12. Has the child ever had any health problems or complications?
 - No During pregnancy At birth
 - First 2 years First 3 years Presently
13. If yes to any, please describe: _____
14. Has the child ever been exposed to significant levels of lead?
 - Yes No Don't know

Please indicate whether the child has ever been evaluated by or received services from any of the following.

- | | | | | |
|---|------------------------------------|-----------------------------------|----------------------------------|-------------------------------------|
| 15. Speech Language Pathologist | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Services | <input type="checkbox"/> Neither | <input type="checkbox"/> Don't Know |
| 16. Psychologist/Clinician/Psychiatrist | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Services | <input type="checkbox"/> Neither | <input type="checkbox"/> Don't Know |
| 17. Occupational Therapist | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Services | <input type="checkbox"/> Neither | <input type="checkbox"/> Don't Know |
| 18. Physical Therapist | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Services | <input type="checkbox"/> Neither | <input type="checkbox"/> Don't Know |
| 19. Other: _____ | <input type="checkbox"/> Evaluated | <input type="checkbox"/> Services | <input type="checkbox"/> Neither | <input type="checkbox"/> Don't Know |

20. Has the child been identified as in need of special education services?
 - Yes No Don't know
21. If yes, does the child currently receive special education services?
 - Yes No Don't know
22. Is the GDO-R being administered to this child due to concern(s)?
 - Yes No Don't know
23. If yes, please indicate the reason for assessing (check all that apply).
 - Parent-initiated Teacher-initiated Academic Developmental
 - Behavioral Entry to school Other (please specify: _____)

24. Is the child currently enrolled in a preschool/school program? Yes No
25. If yes, how long has s/he been enrolled? _____
26. What is the program duration/length of day? Full-day Part-day (Hours: _____)
27. How many days per week does s/he attend? _____
28. Has the child ever been asked to leave/reduce participation in a preschool/school program?
 Yes No
29. If yes, what was the reason? Behavioral problems Transportation problems
 Language barrier/poor access to translators Fees or tuition
 Other (please specify: _____)

Part 3: Home Environment

30. How many adults (including you) live in the child's current primary household? _____
31. Please indicate the relationship of these adults to the child (check all that apply):
 Mother Father Grandmother Grandfather
 Step-mother Step-father Foster parent(s) Sibling(s)
 Other: _____
32. How many other children live in your child's current primary household? _____
33. Other Child is: Male Female Age: _____ Relationship: _____
34. Other Child is: Male Female Age: _____ Relationship: _____
35. Other Child is: Male Female Age: _____ Relationship: _____
36. Other Child is: Male Female Age: _____ Relationship: _____
37. Other Child is: Male Female Age: _____ Relationship: _____
38. Other Child is: Male Female Age: _____ Relationship: _____
39. What is your highest level of education?
 Grade school GED High school Some College
 Associate's Degree Bachelor's Degree Master's Degree Doctoral Degree
 Other: _____
40. Are you presently working or going to school?
 Working School Both Neither
41. Does the child have a television in his or her bedroom? Yes No
42. Does the child have a computer in his or her bedroom? Yes No

Part 4: Adaptive & Academic Skills and Self-Expression

43. Is the child able to sit still and read or look at a book? Yes No
a. If yes, for how many minutes? _____
44. Is the child able to sit still and be read to? Yes No
a. If yes, for how many minutes? _____
45. Please indicate which of the following the child is able to do independently (select all that apply):
 Use the toilet Wash hands Use silverware appropriately
 Get dressed Put on shoes Say "please" and "thank you"
 Zip or button coat Bathe/shower Name all letters of the alphabet
 Put toys away Count to 20 Identify parts of a book (cover, title, where story starts, etc.)
46. With whom does the child most prefer to play? (Please choose only one.)
 Alone With one other child In a group of children With adults

Please circle a number to indicate the frequency of occurrence within the last two weeks. Please answer every item. If you are uncertain of the frequency of a given item, give your best estimate.

	Seldom/ Never	Less than Twice/Week	2-3 Times per Week	Almost Daily	Every Day
47. How often does the child go to the library?	1	2	3	4	5
48. How often do you or another parent/caregiver read to him or her?	1	2	3	4	5
49. How often does he or she ask to be read to?	1	2	3	4	5
50. How often do you or another parental figure/caregiver play with him/her?	1	2	3	4	5
51. How often does he or she watch TV/videos/DVDs/play video/computer games?	1	2	3	4	5
52. Approximately how many hours per day?					
53. How often does he or she watch educational programming like Sesame Street?	1	2	3	4	5
54. How often do you allow him/her to choose foods for snack or meals?	1	2	3	4	5
55. How often do you allow him/her to choose which clothes to wear?	1	2	3	4	5

Please circle a number to indicate how well the child expresses him or herself through the following means.

	Not Well at all	Fairly Well	Well	Very Well	Extremely Well
56. Language	1	2	3	4	5
57. Art	1	2	3	4	5
58. Movement	1	2	3	4	5
59. Other (Please specify: _____)	1	2	3	4	5

Read each item in the next two sections carefully. Please circle a number to indicate the frequency of occurrence within the last two weeks. Please answer every item. If you are uncertain of the frequency of a given item, give your best estimate.

	Almost Never	Once in a While	Moderately Often	Most of the Time	Almost Always
60. Names all letters of the alphabet when asked	1	2	3	4	5
61. Counts to 20 when asked	1	2	3	4	5
62. Knows parts of a book when asked (cover, title, where story starts, etc.)	1	2	3	4	5

Part 5: Social/Emotional Development

	Almost Never	Once in a While	Moderately Often	Most of the Time	Almost Always
63. Plays well alone	1	2	3	4	5
64. Accepts when things do not go his/her way	1	2	3	4	5
65. Expresses self freely	1	2	3	4	5
66. Acts out of control	1	2	3	4	5
67. Friendly towards peers	1	2	3	4	5
68. Difficulty following directions	1	2	3	4	5
69. Easily soothed when upset	1	2	3	4	5
70. Congratulates others when good things happen	1	2	3	4	5
71. Functions well with distractions	1	2	3	4	5
72. Makes friends easily	1	2	3	4	5
73. Has poor self-control	1	2	3	4	5
74. Follows rules/limits	1	2	3	4	5
75. Offers to assist other children	1	2	3	4	5
76. Plays well without adult support	1	2	3	4	5
77. Plays well with peers/siblings	1	2	3	4	5
78. Acts shy	1	2	3	4	5
79. Handles disappointment well	1	2	3	4	5
80. Follows routines in the home	1	2	3	4	5

Thank you!