



**PARENT QUESTIONNAIRE**

Date: \_\_\_\_\_

Student: \_\_\_\_\_ Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

To aid in assessing the problems your child is experiencing in school and to detect the possibility of dyslexia, please answer each of the following questions. All information is confidential.

Yes    No

FAMILY LEARNING HISTORY

1. Have any other members of the family had learning problems?  
What kind? (Reading, Spelling, Writing, Comprehension)

\_\_\_\_\_    \_\_\_\_\_    Father \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Mother \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    Sibling \_\_\_\_\_

2. Has your child received any type of remedial instruction in school? Explain: \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_

3. Has your child repeated a grade?

\_\_\_\_\_    \_\_\_\_\_

Yes   No

PHYSICAL HISTORY

\_\_\_   \_\_\_

1. Has your child ever been critically or chronically ill?  
Explain \_\_\_\_\_

\_\_\_   \_\_\_

2. Has your child ever had an extremely high fever?

\_\_\_   \_\_\_

3. Has your child ever had a severe blow to the head?

\_\_\_   \_\_\_

4. Does your child have any physical problems which you feel  
may cause difficulty in learning?

\_\_\_   \_\_\_

5. Does your child have allergies?

\_\_\_   \_\_\_

6. Does your child seem to have trouble hearing?

\_\_\_   \_\_\_

7. Does your child seem to have trouble seeing?

\_\_\_   \_\_\_

8. Does your child have any speech problems?

\_\_\_   \_\_\_

9. Does your child have difficulty with coordination?

Yes   No

ACADEMIC OBSERVATIONS

\_\_\_   \_\_\_

1. Does your child have good oral expression?

\_\_\_   \_\_\_

2. Does your child have a large vocabulary?

\_\_\_   \_\_\_

3. Does your child have difficulty naming the alphabet correctly  
in sequence ( not in song or rhyme)?

\_\_\_   \_\_\_

4. Does your child have difficulty writing the alphabet correctly in  
sequence?

\_\_\_   \_\_\_

5. Does your child have difficulty learning and remembering  
words?

\_\_\_   \_\_\_

6. Does your child understand what he/she reads?

\_\_\_   \_\_\_

7. Does your child hesitate to read to you?

\_\_\_   \_\_\_

8. Is your child's handwriting extremely slow?

Yes   No

ACADEMIC OBSERVATIONS ( CON'T)

\_\_\_   \_\_\_

9. Is your child's handwriting illegible?

\_\_\_   \_\_\_

10. Does your child have difficulty with spelling

\_\_\_   \_\_\_

11. Are your child's math grades higher than reading grades?

\_\_\_   \_\_\_

12. Does your child seem to have more difficulty in reading, writing, and spelling than most other subjects?

\_\_\_   \_\_\_

13. Do your child's grades in reading, writing, and spelling seem low compared to his ability to think and understand?

\_\_\_   \_\_\_

14. Does your child seem to spend more time than is appropriate on homework?

\_\_\_   \_\_\_

15. Does your child seem to need an extraordinary amount of help with homework?

Yes   No

BEHAVIOR OBSERVATIONS

\_\_\_   \_\_\_

1. Does your child talk favorably about school?

\_\_\_   \_\_\_

2. Does your child feel good about himself/herself?

\_\_\_   \_\_\_

3. Does your child have difficulty remembering and following directions?

\_\_\_   \_\_\_

4. Does your child often need directions repeated?

\_\_\_   \_\_\_

5. Is your child easily frustrated?

\_\_\_   \_\_\_

6. Does your child have a short attention span?

\_\_\_   \_\_\_

7. Does your child have trouble focusing and sustaining attention?

\_\_\_   \_\_\_

8. Is your child overactive?

\_\_\_   \_\_\_

9. Has your child been diagnosed as ADD or ADHD ( Attention Deficit Disorder or Attention Deficit Hyperactive Disorder? If so, what medication is your child on? \_\_\_\_\_