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## Parent Questionnaire

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

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Developmental Milestones (age): Walking \_\_\_\_\_ First Words: \_\_\_\_\_

Date of most recent: Hearing exam \_\_\_\_\_ Eye exam \_\_\_\_\_

Primary Language(s): 1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Name and ages of siblings: \_\_\_\_\_

How did you hear about CSUS's assessment services and who made the referral? \_\_\_\_\_

### **HOME HISTORY:**

What are your child's strengths? \_\_\_\_\_

What does your child enjoy most? \_\_\_\_\_

What does your child dislike? \_\_\_\_\_

How would you describe child's personality? \_\_\_\_\_

Has anything happened that was considered stressful to child within the last couple of weeks?

\_\_\_\_\_

**SCHOOL HISTORY:** Name of school: \_\_\_\_\_

How would your child's teacher describe his or her school performance?

\_\_\_\_\_

What does the child do best in school? \_\_\_\_\_

What are some challenging areas in school? \_\_\_\_\_

Standardized test scores: \_\_\_\_\_

Has the child had any other GATE testing or psycho-educational testing? If so, list which ones, the results and dates \_\_\_\_\_

**PERSONAL:**

Does child have any special medical or physical problem? (allergies?) \_\_\_\_\_

\_\_\_\_\_

What does the child think about GATE testing and placement? \_\_\_\_\_

\_\_\_\_\_

Is there anything else that is important to know about child? \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_