



FORT LA BOSSE SCHOOL DIVISION

PREPARING STUDENTS FOR THE FUTURE

www.flbsd.mb.ca

Parental Information Questionnaire for School Psychologist

General Information:

Child's Name:		Sex:	
Date of Birth:		Grade:	
Age:		School:	
Parent(s)/Legal Guardians:		Teacher's Name:	

Briefly state any concerns or problems your child is currently having at school.

Describe your child's positive qualities and strengths.

Family:

Have you, or any relatives, experienced problems similar to those your child is experiencing? If so, please describe.

Please list the adults and children that live at home:

Developmental History:

Were there any difficulties or complications during pregnancy? If so, please list.

Were there any drugs, alcohol or prescription medication taken during pregnancy? Please list.

Were there any complications or difficulties during the birth?

Was your child born full term?

What did your child weigh at birth?

Did your child reach his or her developmental milestones early, on-time, or late? (Please Check)

	Early	On-Time	Late
Sitting			
Crawling			
Walking			
First Words			
Spoken sentences			
Toilet Training			

How would you rate your child's gross motor coordination (e.g., running, catching, throwing)?

How would you rate your child's fine motor coordination (e.g., writing or printing, buttoning, cutting)?

Medical History:

Has your child experienced any illness or medical complications?

Has your child experienced any ear infections? If so, when?

Has your child ever been hospitalized? If yes, please state when and why?

Please list any medication your child is currently taking.

School History:

Describe any learning difficulties your child has experienced at school.

Describe any behavioural problems your child has experienced at school.

Social History:

Please list any extra-curricular activities your child is involved in.

How well does your child get along with family and friends?

Are there any behaviour problems at home?

How many friends does your child have?

Please list any problems your child may have with peers.

Additional Information:

Please list any additional information you may think will be useful to share with me.

Name of person completing questionnaire: _____

Date: _____

Thank you for taking the time to complete this questionnaire. Please return this form to your child's classroom teacher, resource teacher, or the school psychologist.