



Parent/Guardian Survey
For Dr. Bradshaw

Date: _____

Client's name: _____

DOB _____

Education

Please tell me about your child's school experiences (if applicable)

Client's School: _____

County/location of school: _____

Grade _____ Teacher's Name: _____

Number of school changes since Kindergarten (if applicable) _____

(If more than one school has been attended, please list school names and grades attended on back of this paper)

Has your child ever been retained? Yes No

Has your child's school ever held a Student Support Team meeting or Child Study meeting to address learning, speech, behavioral challenges, or etc. for your child? Yes No

If so, what was the result?

Has your child ever been evaluated for a learning problem, speech problem, behavioral challenges, or etc. through the school or through a private agency/clinic? Yes No

Date of assessment: _____

If so, did your child qualify for services with an IEP or a 504 plan?

What types of support does your child receive now? Please circle all that apply:

Special Education, Child Study/Student Support Team, 504 plan, Title 1 services, Day Treatment

Has your child ever had discipline issues or been suspended from school? Yes No If yes, please describe:

Language

Primary Language of the Child: _____

Other languages spoken in the home: _____

Can the client speak in full sentences: Yes No

If no, please circle the appropriate level of language skills

No verbal language Single Word Phrase speech (3 word phrases)

Services/Supports

Please tell me about the services your child receives at school or in the community

Speech and Language Services Yes No If yes, Location:

Occupational Therapy Yes No If yes, Location:

Counseling Yes No If yes, Location:

Other _____ -- Yes No If yes, Location:

Guardian/Family Information

Name of person completing this form: _____

Relationship to client. Please circle one:

Biological Parent, Adoptive Parent, Foster Parent, Grandparent, Other Custodial adult

If not biological parent, please describe the circumstances that led to child being placed into your care. Please describe the length of time the child has been in your care and the circumstances that led to the biological parent not being the primary caretaker. Please include estimated number of foster placements: (use the back side of this page as necessary):

What information would you like to obtain from the psychological evaluation? What questions do you have regarding your child?

Medical Concerns

Has your child ever been hospitalized for psychiatric or medical challenges? Yes No

If so, please describe

Does your child have any medical diagnosis? Yes No

If so, please describe:

Does your child take medication regularly? Yes No

If so, what medications does your child take?

Has your child ever had a vision test/screen: Yes No

Results of Vision Test: ___ Normal ___ Impaired

If impaired, does your child wear glasses or contacts?

Does your child receive treatment from a Developmental Ophthalmologist?

Has your child ever had a hearing test/screen Yes No

Results of the Hearing Test: ___ Normal ___ Impaired

Does your child have a history of a head trauma (concussion) or seizures? Yes No

If yes, please provide details of injury including approximate dates.

Has your child ever had genetic testing? Yes No

If so, what were the results?

Does your child have any life threatening food allergies? Yes No

If yes, please describe:

Behavioral/Emotional

Does your child seek comfort/support from family/adults when upset?

Can your child be comforted when upset?

Does/did your child show affection or avoid affection? Will he/she accept hugs or kisses? Does your child seek physical contact too often? Please describe behaviors:

Tell me about your child's pain tolerance. Does he/she overreact to mild touches and underreact to situations that most would consider painful? Does he/she have a typical response to hot and cold? Please describe:

Does your child tolerate various clothing and shoes?

Does your child seek deep pressure (strong hugs, placing himself/herself under furniture into tight places)?

Does your child have an unusual reaction to things he/she hears (underreacts or over-reacts)?

Does your child have an unusual reaction to visual input (sunlight, moving toys, falling water, small details, and etc.)?

Please note other sensitivities or provide additional information.

Please list your child's habits or behaviors which others may view as unusual (hand movements, body movements, behaviors, and etc.)

Play information

Please list a few preferred items your child shows interested in (activities, toys, snacks).

Does your child have friends his/her same age? Please describe

Does your child get stuck on one activity for extensive periods of time?

Does/did your child engage in **creative play** with his/her toys (example: feeding a baby, setting up action figures/Legos **WITH** characters working together to build a barn or etc.). Yes NO and please describe

Does/did your child play rule based games (hide-and-go-seek, tag, football/soccer, board games) with his/her friends?

Does/did your child engage in cooperative creative play scenarios with peers (cops and robbers, spy games, acting out characters in a television show, and/or playing house with other children)?

Traumatic Life events

Has your child ever been exposed to a life situation that may have been traumatic for him or her (for example: death of family member or close friend, violent divorce, observing domestic violence/disputes, house fire, victim or observer of a violent crime, physical abuse, sexual abuse, neglect etc.)?

Yes No

How old was the child when this event occurred?

Please describe possible traumatic exposure:

Did your child's behavior change after the event? Yes No Please describe:

Has a report ever been made to Child Protective Services regarding this child or his/her immediate family?

Additional Information

Please use the back of this page to include any additional information about your child that would be helpful to us in making clear diagnostic decisions and recommendations.