



Paediatric Psychological Assessment Parent Questionnaire

Name of Child: _____ D.O.B. _____
Current School: _____ Grade: _____
Medicare Number: _____ Ref Number: _____ Expiry: _____
Mother's Medicare #: _____ Ref Number: _____ Expiry: _____
Father's Medicare #: _____ Ref Number: _____ Expiry: _____

1. Family Details:

Mother's Name _____ D.O.B. _____
Address _____
Contact Details Phone (h): _____ Phone (m): _____
Email: _____

Father's Name _____ D.O.B. _____
Address _____
Contact Details Phone (h): _____ Phone (m): _____
Email: _____

Siblings Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Parents Marital Status: Married De-facto Separated Divorced

Who does the child live with?: Both Parents Father Mother Gaurdian

Are there any access restrictions or court orders pertaining to the care of this child?

2. Main Concern: Please describe your main concern(s) for your child at present:

3. Developmental History:

Please describe your child's early motor development (any concerns about sitting, crawling, walking, coordination, or fine motor skills?)

Please describe your child's early language development (any concerns about speech onset, articulation, understanding instructions or expressing themselves to others?)

Please describe any previous assessments and/or diagnosis your child has had (such as speech & language, occupational therapy, cognitive / psychometric, medical assessments, etc..)

Is the child currently receiving any regular medication (prescription, non-prescription, herbal, etc.)?

3. Education & Learning:

How do you feel your child is currently performing at school?

Briefly comment on your child's concentration (ability to focus attention & sustain effort for sufficient periods of time).

What is your main concern about your child's academic progress?

4. Behaviour: Briefly comment on your child's:

Compliance (willingness to follow directions and respond to correction).

Social & Friendship skills (with children their own age)?

Have you observed any *psychological concerns* with respect to this child (such as anxiety, depression, poor social skills, low self esteem, conduct problems, unusual behaviours, etc.)?

Miscellaneous: Please feel free to make any other observations about this student you feel are pertinent to their current academic, social and psychological development:

Questionnaire Completed By: _____
Relationship to Child: _____ Date: _____