

Lydia Byhardt Bollinger, MSW
Licensed Clinical Social Worker
RememberTheJoy@yahoo.com
www.RememberTheJoy.com
971-409-5613

Remember the Joy!

- Supporting Kids
- Coaching Parents
- Increasing Joy!

Parent Questionnaire

Child's Name: _____ DOB: _____

Nickname _____ Today's Date: _____

Person filling out questionnaire: _____

In order to learn more about you and your child, please answer the following:

1. What is something really special about your child?
2. How would you describe your relationship?
3. What does your child do that you like? That other people like?
4. What is your main area of concern? Something your child does too much, or at the wrong times?

Something your child does not do enough, or when you would like?

5. One activity (please do not include any computer related game) that my child is most interested in is _____
6. My child's least favorite activity is _____.
7. My child transitions from one place/activity to another appropriately. YES NO
If "No", please explain briefly what your child does:

8. My child interacts best with his/her peers in groups of
 - a. 1 - s/he does not interact with other children
 - b. 2+, but s/he does not interact with other children his/her age
 - c. one other children his/her age
 - d. 2-3 other children
9. When my child feels disappointed (for example, a friend chooses a game that s/he did not choose) s/he
 - a. expresses feelings appropriately (words, not hits) and participates anyway
 - b. verbally argues/debates
 - c. leaves the situation (goes under the table, moves body away from the group)
 - d. becomes physicalWhen feeling disappointed, my child _____

10. When my child feels frustrated (for example, a friend is not understanding him/her), s/he
- a. expresses his/her feelings appropriately (uses words rather than hits)
 - b. verbally argues/debates
 - c. leaves the situation (goes under the table, moves body away from the group)
 - d. becomes physical

When feeling frustrated, my child _____

11. When my child feels angry (for example, perceives that s/he is being treated unfairly), s/he
- a. expresses his/her feelings appropriately,
 - b. verbally argues/debates
 - c. leaves the situation (goes under the table, moves body away from the group)
 - d. becomes physical

When feeling angry, my child _____

12. When my child needs help or clarification, he/she _____

13. My child enjoys being the center of attention ALWAYS SOMETIMES
 OCCASIONALLY NEVER

14. My child is able to follow spoken directions ALWAYS SOMETIMES
 OCCASIONALLY NEVER

15. This Fall, my child will be in _____ grade.

16. Please describe your child's academic placement (home schooled, mainstream classroom receives resource, has a full time 1:1 aide etc...) _____

17. My child receives Speech/Language services YES NO

If yes, please elaborate (for example, to address a language delay, for auditory processing deficits, for pragmatics) _____

18. My child prefers to do activities that involve:

- A) physical movement
- B) sitting at a table
- C) writing
- D) drawing
- E) reading

19. He/she may refuse to participate if an activity involves:

- A) physical movement
- B) sitting at a table
- C) writing
- D) drawing
- E) Reading