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**READING WRITE QUESTIONNAIRE**  
**CHILD AND FAMILY INFORMATION FORM**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other \_\_\_\_\_

Child's School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Person with whom child lives, if not with parents: \_\_\_\_\_

**PLEASE TAKE YOUR TIME FILLING OUT THIS QUESTIONNAIRE AND TRY TO GIVE US AS MUCH INFORMATION AS POSSIBLE TO HELP US GET TO BETTER KNOW YOUR CHILD.**

1. Why do you want your child tested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the child been tested or evaluated before? \_\_\_\_\_ By whom? \_\_\_\_\_  
Results \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL HISTORY:**

3. Has the child's vision been tested: \_\_\_\_\_ When? \_\_\_\_\_

By whom? \_\_\_\_\_ Results \_\_\_\_\_

4. Has his/her hearing been tested? \_\_\_\_\_ When? \_\_\_\_\_  
By whom? \_\_\_\_\_ Results \_\_\_\_\_

5. If you recall, please write in the age at which the child did the following:  
*sit up* \_\_\_\_\_ *smile* \_\_\_\_\_ *walk* \_\_\_\_\_ *look at books or magazines* \_\_\_\_\_  
*say single words* \_\_\_\_\_ *say first sentences* \_\_\_\_\_ *became toilet trained* \_\_\_\_\_  
*use a preferred hand* \_\_\_\_\_

6. Does your child have any of these problems or have a history of these problems? (If so, write the date the problem occurred.) *high fevers* \_\_\_\_\_ *seizures* \_\_\_\_\_ *black outs* \_\_\_\_\_  
*accidents or injuries* \_\_\_\_\_ *dizziness* \_\_\_\_\_ *poor muscle coordination* \_\_\_\_\_  
*poor balance* \_\_\_\_\_ *glandular problems* \_\_\_\_\_ *hospitalizations (explain)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Child's preferred hand \_\_\_\_\_ foot \_\_\_\_\_ eye \_\_\_\_\_

8. Any illness or complications during pregnancy? (Explain)  
\_\_\_\_\_  
\_\_\_\_\_

### **LANGUAGE HISTORY**

9. Does your child have difficulty understanding other's speech? (Explain)  
\_\_\_\_\_  
\_\_\_\_\_

10. Can others easily understand the child's speech? \_\_\_\_\_ What does he/she do if misunderstood? \_\_\_\_\_

11. Does he/she leave out or mix up words when talking?  
\_\_\_\_\_  
\_\_\_\_\_

12. Who does your child talk with during the day?  
\_\_\_\_\_  
\_\_\_\_\_

13. What are his/her favorite things to talk about? \_\_\_\_\_  
\_\_\_\_\_

14. How many languages does the child know? (List) \_\_\_\_\_  
\_\_\_\_\_ Which language(s) are spoken at home? \_\_\_\_\_  
Which does he prefer to speak? \_\_\_\_\_

**HOME AND FAMILY INFORMATION**

15. How many brothers does the child have? \_\_\_\_\_ Ages: \_\_\_\_\_  
How many sisters? \_\_\_\_\_ Ages: \_\_\_\_\_

16. How much time does the child spend each day watching TV? \_\_\_\_\_

17. Is there any history in the immediate family of the following: (include age of child at time of (occurrence) *adoption* \_\_\_\_\_ *divorce* \_\_\_\_\_ *remarriage* \_\_\_\_\_  
*death* \_\_\_\_\_ *child's reaction:* \_\_\_\_\_

**SOCIAL AND PERSONALITY INFORMATION**

18. What is your child's BEST quality? \_\_\_\_\_

19. Check any which describe your child: *attentive* \_\_\_\_\_  
*becomes easily upset/frustrated* \_\_\_\_\_ *Immature for age* \_\_\_\_\_ *distractible* \_\_\_\_\_ *feels inferior* \_\_\_\_\_  
*learns easily* \_\_\_\_\_ *gives up easily* \_\_\_\_\_ *forgets things after learning them* \_\_\_\_\_  
*has difficulty remembering words* \_\_\_\_\_ *overactive* \_\_\_\_\_ *impatient* \_\_\_\_\_

20. Has the child had any unusual experiences which may have caused problems?  
(Explain) \_\_\_\_\_

21. Does he/she play well with children his/her own age? \_\_\_\_\_ older? \_\_\_\_\_  
younger? \_\_\_\_\_

22. Is your child having problems in adjustment at home or in school? (Explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY:**

23. Did your child attend pre-school? \_\_\_\_\_ Where? \_\_\_\_\_  
Kindergarten? \_\_\_\_\_ Where? \_\_\_\_\_

24. Before entering 1<sup>st</sup> grade, did your child: *know the alphabet?* \_\_\_\_\_ *count to 10?* \_\_\_\_\_  
*print his/her name?* \_\_\_\_\_ *read any words?* \_\_\_\_\_

25. Does your child have a quiet place to study at home? Please describe.  
\_\_\_\_\_  
How often did you read to the child prior to 1<sup>st</sup> grade? \_\_\_\_\_

26. Has he/she ever received speech and/or language therapy? \_\_\_\_\_  
Where \_\_\_\_\_ For how long? \_\_\_\_\_
27. Has your child repeated a grade? \_\_\_\_\_ Which one(s)? \_\_\_\_\_
28. How many different schools has your child attended? \_\_\_\_\_  
\_\_\_\_\_
29. Is your child having trouble with any school subjects? \_\_\_\_\_ Which ones?  
\_\_\_\_\_  
\_\_\_\_\_
30. How often does your child have reading instruction in school? Days per week \_\_\_\_\_  
Minutes per day \_\_\_\_\_
31. Does your child show an interest in school reading material? \_\_\_\_\_
32. Can your child read and easily understand his/her class reading materials? \_\_\_\_\_
33. If your child has an educational problem, at what grade was it first noticed? \_\_\_\_\_  
What was done? \_\_\_\_\_
34. Favorite school subjects \_\_\_\_\_  
Least favorite subjects \_\_\_\_\_
35. Does child enjoy reading by himself? \_\_\_\_\_ What type of reading materials? \_\_\_\_\_
36. Is there communication between home and school? \_\_\_\_\_ What is the nature of the communication? How often? \_\_\_\_\_  
\_\_\_\_\_
37. Child's hobbies and outside interests \_\_\_\_\_  
\_\_\_\_\_
38. Is there any history of extensive absences from school? \_\_\_\_\_
39. Has child been tutored in any subject? \_\_\_\_\_ Which ones? \_\_\_\_\_  
By whom? \_\_\_\_\_
40. Do any relatives with learning problems? \_\_\_\_\_ List person(s) and type of problem \_\_\_\_\_
41. Is your child eager to attend school? \_\_\_\_\_

42. How much time do you spend reading to your child? \_\_\_\_\_

43. How much time do you spend personally talking with your child each day? \_\_\_\_\_  
\_\_\_\_\_

44. Is there anything else in particular you think we should know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU!