Parent/Guardian Questionnaire

Please fill out the following questions as completely and accurately as possible. Please use the back of this form if additional space is needed.

1. What is the nature of your child's special needs/diagnosis?

2. My child's support needs are:

3. Describe what special accommodations your child would benefit from while at Skyhook:

4. Does your child prefer group or solitary activities? What is your child's approach to establishing relationships with other children (outgoing, shy, etc.)?

5. How does your child usually get along with adults?

6. How is your child at reading social cues?

7. Is s/he able to read body language?

8. What does your child do when s/he is angry, frustrated or disappointed?

9. What does your child do when s/he is bored?

10. How does your child handle transitions?

11. Does your child have any phobias? If so, what are they.

12. In what situations does the behavior(s) of concern occur?

Location	**Person(s)**	**Context**
☐ In school ☐ At home ☐ Extra-curricular activities ☐ In vehicles/ school bus ☐ In the lunchroom ☐ On the playground ☐ _____	☐ With parents ☐ With peers ☐ With teachers ☐ With siblings ☐ Daycare providers ☐ Camp counselors ☐ _____	☐ When in large groups ☐ In small groups ☐ When by him/self ☐ When in transition ☐ In noisy environments ☐ During unstructured time ☐ _____

13. Are there other internal or external events that influence the behavior(s) of concern?

☐ Medication ☐ Physical health ☐ Over tiredness ☐ Dehydration/hunger ☐ Extreme heat or cold ☐ Being overwhelmed ☐ Obsessive thoughts/ rituals ☐ Perceived unfairness ☐ Competitive Activities ☐ Taking turns/sharing	☐ Waiting in line ☐ Conflicts at home ☐ Negative peer influence ☐ Aggression from another child ☐ Change in anticipated schedule ☐ Not knowing the schedule for the day ☐ Lack of adult attention ☐ Lack of peer attention ☐ Attention focused on child ☐ Unavailability of desired object/ activity ☐ _____

14. Describe any behavior challenges your child may have:

15. What triggers are best avoided?

16. What strategies are helpful in supporting your child through challenging situations?

17.*Please answer the following by checking the boxes below

Statement	Never/ Rarely	Sometimes	Often	Very Often
Reacts strongly to unexpected noises.				
Struggles to pay attention when in noisy environment				
Emotional or aggressive response to being touched				
Becomes anxious when standing close to others				
Display needs to touch others, surfaces, textures, etc.				
Takes movement or climbing risks that are unsafe				
Loses balance unexpectedly				

18. Please check all conditions that apply to your child:

- ☐ Mental Retardation
- ☐ Specific Learning Disability
- ☐ Autism
- ☐ Pervasive Development Disorder (PDD)
- ☐ Emotional Disturbance or Serious Behavioral Difficulties
- ☐ Attention Disorder (ADD, ADHD)
- ☐ Visual Impairments/ Blindness
- ☐ Hearing Impairment/ Deafness
- ☐ Cerebral Palsy
- ☐ Fragile X
- ☐ Tic Disorder (e.g. Tourette's)
- ☐ Multiple Disabilities
- ☐ Traumatic Brain Injury
- ☐ Other Neurological Disorder
- ☐ Other Health Condition (e.g. cardiac disorder, asthma)
- ☐ Other (please specify) _____

19. Is there anything else that you would like to share?