

Independent Educational Evaluators of America, LLC

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(717) 569-6223

This form can be faxed to (717) 560-9931

PARENT INPUT QUESTIONNAIRE

CHILD'S NAME: _____ GRADE: _____

DATE OF BIRTH: _____ AGE: _____

PARENT COMPLETING THIS FORM: MOTHER FATHER

Describe your child's behavior on a typical "good day."

Describe your child's behavior on a typical "bad day."

Any additional information about your child, which you feel would be helpful.

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CHILD'S NAME: _____

PARENT: Mother

Father

PLEASE RATE YOUR CHILD ACCORDING TO THIS SCALE

- 1 The behavior does not apply and is never observed
- 2 The behavior is rarely exhibited
- 3 The behavior occurs some of the time
- 4 The behavior occurs most of the time
- 5 The behavior always occurs

Anxious		Tired & sleepy	
Disruptive		Defies Authority	
Fights Frequently		Fears criticism	
Unhappy		Critical towards others	
Withdrawn		Controlling	
Moody		Painfully shy	
Distractible		Slow starter	
Impulsive		Inconsistent	
Does not complete school work		Hyperactive	
Short attention span		Hypoactive	
Daydreams		Fearful of new situations	
Argumentative		Procrastinates	
Disorganized		Rarely takes chances	
Easily Confused		Overly active	
Poor Speller		Problems with writing	
Poor Reader		Problems with math	
Limited reading comprehension		Poor vocabulary usage	
Faulty articulation		Poor expressive language ability	
Poor grammar		Inadequate word attack skills in reading	
Problems judging time		Poor balance and coordination	
Poor fine motor skills		Poor gross motor skills	
Slow in completing tasks		Difficulty tracing & drawing	
Poor logical reasoning/thinking		Difficulty understanding concepts	
Poor number concepts		Problems with auditory memory	
Fidgety & Squirmy		Restless	
Interrupts others		Jumps from one thing to the next	
Talks excessively		Does dangerous things without thinking	
Unable to do homework		Unprepared for homework completion	
Detail errors in work		Poor organization skills	
Forgetful		Blurts out statements during discussions	
Vocal and/or motor tics		Rapid lunging movements	
Destroys property		Deceitful	
Complains of physical ailments		Depressed	
Excessive worrier		Low self-esteem	

CHILD'S NAME: _____

PARENT: Mother

Father

PLEASE CHECK ALL THAT APPLY

BASIC READING SKILLS & READING COMPREHENSION

- | | |
|---|--|
| <input type="checkbox"/> Lacks fluency, accuracy, speed | <input type="checkbox"/> Loses place; skips words or lines |
| <input type="checkbox"/> Repeats or re-reads words | <input type="checkbox"/> Assignments not done or late |
| <input type="checkbox"/> Problem with comprehension | <input type="checkbox"/> Confuses similar letters/sounds |
| <input type="checkbox"/> Follows with finger or pencil | <input type="checkbox"/> Sub-vocalizes when reading |
| <input type="checkbox"/> Cannot scan or summarize | <input type="checkbox"/> Difficulty making inferences |
| <input type="checkbox"/> Difficulty predicting cause/effect | <input type="checkbox"/> Does not comprehend main idea |
| <input type="checkbox"/> Poor word attack | <input type="checkbox"/> Does not recognize sight words |
| <input type="checkbox"/> Does not read independently | |
-

LISTENING COMPREHENSION

- | | |
|--|--|
| <input type="checkbox"/> Takes no notes/poor notes | <input type="checkbox"/> Misunderstands directions |
| <input type="checkbox"/> Cannot retain information | <input type="checkbox"/> Confuses similar sounds |
| <input type="checkbox"/> Trouble following directions | <input type="checkbox"/> Overloads when instructions given |
| <input type="checkbox"/> Fails to pay attention | |
| <input type="checkbox"/> Attends more successfully when close to the source of the sound | |
-

SPELLING

- | | |
|---|--|
| <input type="checkbox"/> Spells same word different ways | <input type="checkbox"/> Reverses letters/sounds |
| <input type="checkbox"/> Poor sound/letter association | <input type="checkbox"/> Sequential errors |
| <input type="checkbox"/> Omits last letter(s) in words | <input type="checkbox"/> Poor punctuation/capitals |
| <input type="checkbox"/> Poor phonetic spellings | |
| <input type="checkbox"/> Learns spelling words for weekly tests, then forgets | |
-

MATHEMATICAL CALCULATION & REASONING

- | | |
|---|---|
| <input type="checkbox"/> Reverses numbers | <input type="checkbox"/> Poor math reasoning |
| <input type="checkbox"/> Poor paper/pencil calculation | <input type="checkbox"/> Confuses columns/spaces |
| <input type="checkbox"/> Careless errors | <input type="checkbox"/> Forgets math facts |
| <input type="checkbox"/> Difficulty solving word problems | <input type="checkbox"/> Confuses operational signs |
| <input type="checkbox"/> Does not understand abstract math concepts without concrete examples | |

CHILD'S NAME: _____

PARENT: **Mother**

Father

PLEASE CHECK ALL THAT APPLY

LANGUAGE SKILLS – ORAL EXPRESSION

- | | |
|--|---|
| <input type="checkbox"/> Hesitant speech | <input type="checkbox"/> Forgets common words |
| <input type="checkbox"/> Avoids verbal participation | <input type="checkbox"/> Poor verbal expression |
| <input type="checkbox"/> Poor grammar for age | <input type="checkbox"/> Articulation errors |
| <input type="checkbox"/> Word finding difficulties | <input type="checkbox"/> Limited vocabulary |
| <input type="checkbox"/> Does not complete statements or express complete thoughts | |
-

WRITING SKILLS & WRITTEN EXPRESSION

- | | |
|---|---|
| <input type="checkbox"/> Illegible penmanship | <input type="checkbox"/> Difficulty copying |
| <input type="checkbox"/> Poor written expression | <input type="checkbox"/> Slow writer |
| <input type="checkbox"/> Written assignments not done | <input type="checkbox"/> Detail errors |
| <input type="checkbox"/> Poor handwriting | <input type="checkbox"/> Hand tires easily |
| <input type="checkbox"/> Poor drawing | <input type="checkbox"/> Poor manual skills |
| <input type="checkbox"/> Accident prone | <input type="checkbox"/> Physically clumsy |
| <input type="checkbox"/> Writes/prints in same assignment | <input type="checkbox"/> Poor capitalization |
| <input type="checkbox"/> Poor punctuation | <input type="checkbox"/> Reverses letters & numbers |
| <input type="checkbox"/> Poor written work organization | <input type="checkbox"/> Cannot finish in time |
-

BEHAVIORAL/EMOTIONAL/SOCIAL

- | | |
|---|--|
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Difficulty finishing tasks |
| <input type="checkbox"/> Often late for school/class | <input type="checkbox"/> Class clown |
| <input type="checkbox"/> Quiet & withdrawn | <input type="checkbox"/> Sullen/angry |
| <input type="checkbox"/> Disorganized/forgetful | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Inconsistent behavior | <input type="checkbox"/> Immature |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Literal translations of language | <input type="checkbox"/> Difficulty making decisions |
| <input type="checkbox"/> Cannot generalize information | <input type="checkbox"/> Few friends |
| <input type="checkbox"/> Ridiculed/teased by peers | <input type="checkbox"/> Wants instant gratification |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Physically aggressive |
| <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Little/No peer interaction |
| <input type="checkbox"/> Does not resolve conflict well | <input type="checkbox"/> Unmotivated by rewards |
| <input type="checkbox"/> Cheats | <input type="checkbox"/> Tired/listless/apathetic |
| <input type="checkbox"/> Unmotivated in school | <input type="checkbox"/> Extreme mood changes |