



# Parent Questionnaire

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Child's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex:  Male  Female

Child's age in years and months (do not round)			
	Year	Month	Day
Date Form Filled Out			
Birth Date			
Age			

**This form was filled out by:**

Mother  Father  Other (please specify relationship) \_\_\_\_\_

Name of person filling out form \_\_\_\_\_ Home phone # \_\_\_\_\_

E-mail address of person filling out form \_\_\_\_\_

## To the Parent:

This form has three parts that ask for information about your child.

**Part 1. Self-Help Development** asks about everyday skills that children are expected to learn (for example, dressing and feeding themselves).

**Part 2. Social-Emotional Development** asks about how your child gets along with other children and how he or she feels about himself or herself.

**Part 3. Overall Development** asks about any concerns or worries you might have about your child.

Please note that some items may ask about skills that your child is just not ready for yet. Please do not be concerned. We use the same form for children ages 2 years 6 months through 5 years 11 months, and we ask about some skills that are difficult even for the oldest children.

Thank you for your help.

# Part 1. Self-Help Development

**Directions:** Place an **X** in the appropriate box to indicate how often your child does each task. A young child's behavior is not the same from day to day. Think of your child's typical or usual behavior at home, not his or her very best or worst day. For tasks that you do not allow or don't ask your child to do, place an **X** in the last box. Please provide **ONLY** one rating for each task.

Task	Most of the time	Sometimes	Rarely or never	Not allowed or not asked
1. Buttons clothing without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Puts toys or books away when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Spills food or drink when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unscrews bottle caps without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wets or soils pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Washes and dries hands when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Puts clothes or shoes where they belong when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Brushes teeth without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Blows and wipes nose without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Puts clothes on <i>backward</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Puts each shoe on correct foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Gets dressed without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Wets bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Picks up after self without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Brushes or combs hair without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Washes self during bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Pours from a small can or carton without spilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Uses a fork, a spoon, or chopsticks correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Pours dry cereal and milk into bowl without spilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Uses the toilet without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Wakes up and needs help going back to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Follows safety rules (stays away from hot oven, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Self-Help Development Raw Score**  
(max = 44)

## Part 2. Social–Emotional Development

**Directions:** Place an **X** in the appropriate box to indicate how often your child shows each feeling or behavior. Think of your child’s usual behavior at home or with friends. If you have not observed your child performing the behavior, place an **X** in the “Rarely or never” box. Please provide **ONLY** one rating for each item.

Feeling or Behavior	Always or almost always	Sometimes	Rarely or never
1. Smiles or laughs when something is funny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Argues when denied own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Breaks toys or other objects on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plays well with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has tantrums (stamps feet, screams, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Solves problems by talking rather than by hitting, pushing, or biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts without thinking (runs into street without looking both ways, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Admits when he or she makes a mistake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Stays calm when things do not go as planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Blames others when bad things happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Knows when people are happy or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interrupts (talks when others are speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Goes to bed easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Asks before using other people’s things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Shows pride in doing something well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Bangs head on the floor, wall, or bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Clings or hangs on to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Whines or pouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Seems afraid of many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Shows concern for someone who is crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Hurts others (hits, bites, kicks, punches, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gives up easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Makes transitions easily (moves easily from one activity to the next, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Falls and hurts self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is restless and can’t sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Wanders away from you in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts very sad or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Social–Emotional Development Raw Score**  
(max = 56)

## Part 3. Overall Development

**Directions:** Place an **X** in the box that best describes your level of worry about each of the areas below. We understand that you are naturally concerned about all of these areas. We would like to know about any areas that you think may be problem areas for your child. This information will be used to help us understand your child's growth and needs.

Area	I'm not worried	I'm a little worried	I'm worried	I'm very worried
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor skills (walking, throwing, balancing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive skills (learning, thinking, problem solving, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language skills (talking and understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care skills (dressing and feeding self, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision (seeing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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