CF Psychology Ltd.

- Educational Psychologists -

Confidential Parent Questionnaire

Please return the completed questionnaire by email to **caroline@cfpsychology.co.uk**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s full name** | |  | | | |
| **Date of Birth** |  | **Gender** |  | **Religion** |  |
| **Nationality** |  | | | | |
| **Address** |  | | | | |

**PARENT DETAILS**

|  |  |
| --- | --- |
| **Mother’s title and full name** |  |
| **Father’s title and full name** |  |
| **Contact telephone numbers** | Mother:  Father: |
| **Contact email address** | Mother:  Father: |

**SIBLING DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is your child adopted?** | | YES/NO | **If yes, please give details (age etc.)** | |  | |
| **Details of children in Family (including the child having the assessment)** | | | | | | |
| **Name** | **Boy/Girl** | | | **Age** | | **Full/Half/Step/Adopted** |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
| **Do any members of the immediate or extended family have learning difficulties or disabilities?**  **If YES, please specify family member and nature of difficulty:** | | | | | | |

**LANGUAGES SPOKEN AT HOME**

|  |  |
| --- | --- |
| **Is English the child’s preferred language?** | YES/NO |
| **If NO, what is the child’s strongest language?** |  |
| **Mother’s first language** |  |
| **Father’s first language** |  |
| **Other languages regularly spoken at home** |  |
| **If the child is bilingual, how long has English been spoken and in what environments (eg home, school etc)?** |  |

**SCHOOL DETAILS –** By completing this section, you agree for CF Psychology to contact the school to gain insights from the teacher's perspective about how your child is getting on in school.

|  |  |
| --- | --- |
| **Name of current school** |  |
| **Address** |  |
| **Contact Name** |  |
| **Contact Role (SENCo, teacher etc)** |  |
| **Contact email address** |  |
| **What year group is the child in?** |  |
| **Does your child currently have an EHC plan?** |  |

**BIRTH HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Did the child’s birth mother have any problems during pregnancy?** | YES/NO | | |
| If so, please provide details: | | |
| **Was the child’s birth** | Premature (by how long?) | YES/NO | |
| On time | YES/NO | |
| Overdue (by how long?) | YES/NO | |
| Was the baby born in hospital or at home? |  | |
| **Was the baby’s delivery normal?** | YES/NO | | |
| If not**,** please provide details: | | |
| **What was the child’s birth weight** |  | | |
| **Post-natal information – please advise if any of the following occurred** | Incubation was required | YES/NO | |
| Baby was jaundice | YES/NO | |
| Baby experience convulsions | YES/NO | |
| Baby had a high temperature or fever | YES/NO | |
| Baby cried persistently | YES/NO | |
| Please provide detail so of any other post natal complications: | | |
| **Early Feeding – were any of the following observed?** | Baby had difficulty sucking successfully from the breast/bottle? | | YES/NO |
| Baby took an unusual amount of time to feed? | | YES/NO |
| Baby struggled to eat solid successfully? | | YES/NO |
| If so**,** please provide details: | |  |

**SPEECH AND LANGUAGE DEVELOPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Has your child received assessment or intervention from a Speech and Language Therapist?** | Past | YES/NO | Dates: |
| Present | YES/NO | Dates: |
| **Frequency of Therapy Sessions if applicable** |  | | |

**EARLY SPEECH AND LANGUAGE DEVELOPMENT**

|  |  |  |
| --- | --- | --- |
| **At what age did your child…** | Babble? |  |
| Say first words? |  |
| Speak in sentences? |  |
| Any further comments: | |
| **Did/does your child have difficulty with speech sounds?** | YES in the past / Yes currently / NO | |
| If **YES,** which sounds were/are affected: | |

**COMMUNICATION**

|  |  |
| --- | --- |
| **Does your child communicate competently?** | YES/NO |
| If **NO**, what are the issues? |
| **Does your child understand what you say to him/her?** | YES/NO |
| If **NO**, what helps your child understand? |
| **Any further comments about your child’s early speech/language development?** | YES/NO |
| If **YES,** please provide details: |

**SPECIALIST MEDICAL**

|  |  |  |
| --- | --- | --- |
| **Has your child seen any of the following specialists?** | Consultant Paediatrician | YES/NO |
| Neurologist | YES/NO |
| Psychiatrist | YES/NO |
| Educational Psychologist | YES/NO |
| Clinical Psychologist | YES/NO |
| Child & Adolescent Mental Health Services (CAMHS) | YES/NO |
| Any other medical specialist | YES/NO |
| **If so, please give details** |  | |
| **Has your child received a medical diagnosis that may affect his/her learning?** | YES/NO | |
| If **YES**, please specify: | |
| **Please enclose copies of any reports from other specialist that you may have** | REPORTS ENCLOSED / NO REPORTS TO SHARE | |

**VISION and HEARING**

|  |  |
| --- | --- |
| **Has your child had a standard eye test?** | YES/NO |
| Date: |
| **Was it normal?** | YES/NO |
| If **not**, please provide details: |
| **Does your child suffer from either of the following:** | Colour Blindness YES / NO  Visual Stress YES / NO |
| If so, please provide details: |
| **Has your child had a standard hearing test?** | YES/NO |
| Date: |
| **Was it normal?** | YES/NO |
| If **not**, please provide details: |
| **Has your child suffered from ear infections in the past?** | YES/NO |
|  | If **YES**, please give details including course of treatment: |
| **Has your child had grommets or T-Tubes fitted in his/her ears?** | YES/NO |
|  | If **YES**, please provide details: |

**MOTOR AND PERCEPTUAL DEVELOPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Has your child received assessment or intervention from an Occupational Therapist or Physiotherapist?** | Past | YES/NO | Dates: |
| Present | YES/NO | Dates: |
| **Frequency of Therapy Sessions** |  | | |

**EARLY MOTOR DEVELOPMENT**

|  |  |  |
| --- | --- | --- |
| **At what age did your child:** | Sit independently? |  |
| Crawl? |  |
| Walk without help? |  |
| Any further comments: | |
| **Are there any other concerns regarding your child’s early motor development?** | YES/NO | |
| If **YES,** please provide details: | |

**SENSORY AND MOTOR SKILLS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are any of the following currently applicable to your child?** | Often trips over? | | YES/NO |
| Bumps into or knocks over things? | | YES/NO |
| Enjoys fast moving or spinning? | | YES/NO |
| Has poor balancing skills? | | YES/NO |
| Over active? | | YES/NO |
| Under active? | | YES/NO |
| Objects to being touched? | | YES/NO |
| Dislikes activities using clay, paints, glue? | | YES/NO |
| Dislike certain food tastes or textures? | | YES/NO |
| Dislike certain textures of clothing? | | YES/NO |
| Is overly sensitive to loud noises? | | YES/NO |
| Difficulties with attention and concentration? | | YES/NO |
| Is disorganised with their things? | | YES/NO |
| Fidgets excessively? | | YES/NO |
| Difficulties with sleeping patterns? | | YES/NO |
| Difficulties transitioning between activities? | | YES/NO |
| Difficulties with co-ordination? | | YES/NO |
| **What activities /sports/games does your child** | **MOST** enjoy: | **LEAST** enjoy: | |

**FUNCTIONAL MOTOR SKILLS**

|  |  |  |
| --- | --- | --- |
| **Does your child currently have difficulty with the following activities?** | Holding a pencil correctly | YES/NO |
| Copying text | YES/NO |
| Letter formation when handwriting | YES/NO |
| Writing within the lines | YES/NO |
| Reversing letters or numbers when reading or writing | YES/NO |
| Colouring within the line | YES/NO |
| Using scissors and/or ruler | YES/NO |
| Completing homework on time | YES/NO |
| Dressing | YES/NO |
| Fastening buttons | YES/NO |
| Tying shoelaces | YES/NO |
| Putting shoes on the wrong feet | YES/NO |
| Throwing and catching a ball | YES/NO |
| Riding a bike | YES/NO |
| Using a knife and fork independently | YES/NO |
| Is he/she a messy eater | YES/NO |
| Toileting and grooming | YES/NO |
| **Is your child left or right-handed?** |  | |

**OTHER MEDICAL CONDITIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does your child suffer from any of the following medical conditions** | Epilepsy | YES/NO | Eczema | YES/NO |
| Diabetes | YES/NO | Soiling | YES/NO |
| Asthma | YES/NO | Bedwetting | YES/NO |
| **Does your child have any known allergies** | YES / NO  If so, please provide details | | | |
| **Does your child current take medication?** | YES / NO  If so, please provide details. | | | |
| **Any further comments on your child’s past or present health record?** |  | | | |

**GENERAL COMMENTS**

|  |  |
| --- | --- |
| **Why are you seeking an assessment from an Educational Psychologist?**  **Please specify any questions you would like to be addressed.** |  |
| **What are the main concerns you have for your child** |  |
| **What are your child’s strengths?** |  |
| **Please include anything else about your child that has not been covered in the questionnaire but which you feel is relevant?** |  |

**Please read the following Privacy Policy and sign and date the final page of this document**

**Privacy Policy**

**Effective from 25th May 2018**

We collect and hold information about clients under the legal basis identified as “*legitimate interest”*, as defined under the general data protection regulations (2018). This privacy policy explains how we use any personal information we collect in carrying out our role as educational psychologists. It also informs you of your rights and our responsibilities in the processing of personal information under the general data protection regulations.

**What information do we collect?**

We collect information about our client’s current and previous psychological and physical well-being, and current and previous social, educational and family circumstances. We also collect information about our clients when they voluntarily complete questionnaires. We may also collect sensitive personal information defined as “special category data”, as part of a psychological assessment. CCTV may be used in our consulting rooms in order to protect your security and well-being and for safeguarding purposes.

**How will we use the information?**

We collect information in order to provide psychological formulations, recommendations and interventions. This information is confidential.

Psychologists may discuss client’s personal information in supervision with a supervisor, who is another psychologist, for the purpose of ensuring that their practice is safe and effective, and as mandated by their professional bodies. We do not reveal names when we share information in supervision. Supervisors do not share our client’s personal information with anyone else.

If applicable, we will from time to time write to referrers and stakeholders, such as parents, named individuals in schools and other agencies. For example, following an assessment of learning abilities or emotional well-being. We will always obtain consent and discuss the content of such letters or reports before sending them.

**Sharing personal information with third parties**

We do not discuss personal information with third parties. However, if our professional opinion was

that there was an immediate and serious risk that a client might harm him/herself, or someone else, then we may have to share personal information with a third party, such as a GP or the emergency services, without first obtaining consent. This might be because it is not practically possible to obtain consent or because attempting to do so might lead to a delay in accessing health and therefore endanger our client’s life or that of another.

In some cases where we have to share personal information with third parties to protect our client or another person, we will only share personal information insofar as it is relevant and necessary to protect our client or another person.

In some circumstances it may be that personal information is requested by a court of law, coroner’s office or professional body. In such circumstances our client may have limited or no rights of refusal.

**Access to personal information and correction**

Clients have a right to request a copy of the information we hold about them. To obtain a copy of some or all personal information, please contact us at: [enquiries@cfpsychology.co.uk](mailto:nick@cfpsychology.co.uk)

We need to make sure that personal information is accurate and up-to-date. Clients may ask us to correct or remove information they think is incorrect or inaccurate.

Our clients have the right to ask us to erase personal information we hold about them. We can refuse the request if such personal information is needed in the defence or exercise of legal claims, or if we believe there is an overriding legitimate interest to retain your information.

**Storage of information**

We keep personal information in electronic records. Paper records are scanned, stored electronically and destroyed.

We store your information as described below:

Computers are password protected and the hard drives are encrypted. IPads and mobile devices are secured with fingerprint touch ID, passwords and two-factor authentication. Any apps on iPads and mobile devices that can access your data require further password authentication to open on the device. Passwords are changed regularly, and it is company policy that passwords are not shared. The information you provide relating to the assessment, such as questionnaires and previous reports, is stored on an encrypted cloud-based server. We create a report that contains all the information that we gather and our findings and conclusions, this is computer generated and stored as above.

If we take hand written notes and records during an assessment, these notes are scanned and stored as above. Original paper copies are destroyed.

Q-Interactive is a cloud-based assessment tool which is used in our assessments. Your name and date of birth is required by the assessment tool, no other personal information is uploaded. It has a two-factor authentication security system and Pearson, the owners of Q-Interactive, assure us that it is GDPR compliant.

CCTV recordings are stored on an encrypted cloud-based server for 30 days then automatically deleted. In some circumstances, we may feel it necessary to save recordings for longer, in which case they may be stored for up to a maximum of six years, as per ‘Length of storage’ below.

**Will we send emails and text messages to you?**

As part of providing our service to you we will send your report to you via email. The report will be password protected and the password sent separately. To protect your information, we prefer to send passwords by SMS (text messages).

Also, as part of this service, we need to send details of your appointment, gather information and communicate other relevant information to you. We will do this via email and/or telephone.

**Length of storage**

Personal information and the records of our work are kept for six years. We then erase those records.

**Right to complain**

You have the right to complain to the Information Commissioner’s Office without prejudice about the processing of your personal data at: [www.ico.prg.uk](http://www.ico.prg.uk)

You can contact us at: enquiries@cfpsychology.co.uk

Policy review date: June 2020.

**By inserting your name below, you give your permission for CF Psychology Limited to conduct the educational psychology assessment**

Completed by: Date:

Relationship to Child:

Please return the completed questionnaire by email to **caroline@cfpsychology.co.uk**