CATS
community assessment
therapy services

Parent Questionnaire

Your Details

Your Name	
Contact Number	
Email Address	
Relationship to child	

Child's details

Child Name	
Child DOB	
Child's Address	
Child's School	

1. **Does your child have any language difficulties? (including understanding others)**
   Please tick
   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

2. **Does your child have unusual use of intonation? (this is the sound including the pitch/tone of their voice)**
   Please tick
   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

3. **Does your child copy language that they have just heard? (this may include copying directly from others or from TV/internet)**
   Please tick
   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

4. **Does your child have any difficulties using language to communicate their needs? Does your child become frustrated when you don't understand what they say?**
   Please tick
   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

5. **Does your child become overwhelmed when you have introduced them to something new?**

   Please tick

   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

6. **Does your child talk mainly about his/her specific topics of interest? (things they enjoy without asking about things others like)?**

   Please tick

   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

7. **Does your child have any difficulties with joining in with play or an activity with other children or do they make inappropriate attempts to join in with others? (please include any aggressive/disruptive behaviour and difficulties sharing or playing alongside others)**

   Please tick

   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

8. **Does your child lack awareness of social norms?**
   Please tick
   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

9. **Does your child become overwhelmed in social situations?**
   Please tick
   - ◯ **No difficulties**
   - ◯ **Mild difficulties**
   - ◯ **Moderate difficulties**
   - ◯ **Severe difficulties**

   Examples

10. **Does your child have any unusual characteristics about their interaction with adults? (including preferring to spend time with adults over other children of the same age)**
    Please tick
    - ◯ **No difficulties**
    - ◯ **Mild difficulties**
    - ◯ **Moderate difficulties**
    - ◯ **Severe difficulties**

    Examples

11. Does your child get upset by people being in their personal space?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

12. Does your child use unusual non-verbal communication? (difficulty making eye contact/limited facial expression/not using gestures)

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

13. Does your child have difficulties with imagination/creativity?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

14. Can your child/young person find things to play with/do without your help?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

15. Does your child have difficulties managing during unstructured times?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

16. Does your child have difficulties with managing change?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

17. Is your child able to sit down for extended periods of time? (e.g. mealtimes/cinema)

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

18. Does your child fidget?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

19. Does your child seem aware of age appropriate risk and danger?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

20. How does your child manage during quiet activities such as reading, completing homework etc?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

21. Is your child able to wait patiently for example, in the supermarket or waiting to take their turn?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

22. Is your child able to concentrate on activity at home (that is not screen based) at an age expected level?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

23. Does your child day dream?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

24. Does your child frequently lose things at home and/or forget instructions they have been given?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

25. If homework is given does your child hand it in on time on most occasions?

Please tick

- ◯ **No difficulties**
- ◯ **Mild difficulties**
- ◯ **Moderate difficulties**
- ◯ **Severe difficulties**

Examples

26. Please comment on the general behaviour of your child when they are at home

27. Do they ever experience intense emotions (e.g become very upset/angry/worried when asked to do a small job)

28. Does your child present as having tics? (These are body movements they may not realise are happening, which can occur in their face or body, which your child does not have control of)

Please tick

- ◯ **Yes**
- ◯ **No**

Examples

29. Does your child experience any health-related problems which you feel may impact their behaviour?

30. **Are there any other factors you are aware of, either at home or school which you feel may impact your child's behaviour?**

31. **Does your child sleep well/get enough sleep?**

32. **Any other information you would like to add that would help us understand your child's needs**

33. **Does your child have any other professionals involved with him/her? Please leave their name, type of professional and contact details below. Please submit any previous assessment reports to admin@catservices.uk**