

TESTING QUESTIONNAIRE

Please type out the answers to the following questions and email them to me 1-2 days prior to the interview appointment (DrMDeubert@gmail.com). You do not need to answer every question, just the ones that provide helpful information for the evaluation being conducted.

1. Examinee's full name and date of birth.
2. What questions are you hoping to have answered from the evaluation process? What are your primary concerns?

FAMILY/DEVELOPMENT

3. Family. List immediate family members and indicate if they are living in or out of the home currently. **Include family members' age, current grade level or highest degree earned, school, profession.** Include any additional individuals residing in the home. If parents are separated/divorced or experience(d) significant marital conflict, please include information about when that occurred and the impact on the examinee. Please provide details about visitation and guardianship.
4. Language. English speaking home? Any other languages spoken?
5. Pregnancy/birth. Full-term? Any complications before pregnant, during the pregnancy or delivery? Details – gestational week delivered, type of delivery, weight at birth. Breastfed?
6. Adoption. At what age did the adoption occur and any information known about birth parents and life experiences prior to adoption. Discuss adjustment to the adoptive home.
7. Developmental history. Please indicate if the following developmental milestones were early, late, or within normal limits. Please include additional information for anything that did not fall within the expected range:
 - Expressive language (e.g., utterances, words, sentences)
 - Physical Milestones (e.g., standing, crawling, walking)
 - Social development (e.g., interactive play, making friends, keeping friends)
 - Toilet training
 - Fine motor skills (e.g., handwriting, cutting)
 - Gross motor skills (e.g., balance, running, throwing)
8. Sensory. Any sensory sensitivities (e.g., textures, loud noises)? Picky eater? Do you/they tend to engage in sensory seeking behaviors (e.g., spinning, very touchy)?
9. Vision and hearing. Have you/they ever been diagnosed with hearing or vision problems? If so, what are they? Glasses or contacts? History of ear infections? Tubes? Tonsils or adenoids removed? Hearing aid?
10. Health. Current state of overall health? Any significant illnesses, conditions, injuries (including concussions), seizures or hospitalizations? Any allergies? History of headaches?
11. Medication. Please list all past and current medications taken. Please indicate who is prescribing any current medications.
12. Eating. Typical? Picky? Any concerns about eating disorder? Any digestive conditions (e.g., colitis)? Any recent changes in appetite? History of stomachaches?
13. Sleeping. How much sleep per night on average? Any difficulties falling asleep or staying asleep? Difficulty waking in the morning? Any other sleep concerns?

ACADEMIC

14. School history. Please list all school placements beginning in preschool through present day including dates. Indicate what those experiences were like at each school.
15. What was the COVID-19 pandemic experience like for you or your child? Which school grade(s) did it impact?
16. How do they get along with teachers? With other students?
17. Strengths and weaknesses. What are your/their academic strengths and weaknesses? Which subjects are most challenging? Which subjects come easiest? Any concerns in the following areas:
 Reading (comprehension, fluency/speed, decoding/sounding out words)
 Math (calculation, concept, fluency/speed)
 Writing (organization, execution, grammar, spelling, fluency/speed, handwriting)
 Oral language (listening comprehension, verbal expression)
 Executive Functioning (e.g., planning, organizing, working memory, getting started on tasks)
 Memory
18. Any difficulties completing tests within the designated time frame?
19. Have you/they wondered if ADHD is a contributing factor? Describe why and how that impacts everyday life (school, home, work, social).
20. Ever had an IEP or 504 Plan? Information accommodations? Grade at which the plan was put into effect? *Please bring a copy of current IEP or 504 Plan.*
21. Please describe work habits.
22. How do you/they keep their work space? Room?
23. Do you/they like to read for pleasure? To draw?
24. Do you/they struggle to start tasks? Need prompting? Forget to turn in work that has been completed? Loses things? Procrastinates? Struggles to organize a long-term project?
25. Grades. What grades do you/they tend to receive? Has this been consistent or have his/her grades changed significantly? Is there a discrepancy between examination grades and homework grades? *Please bring copies of transcripts and standardized testing scores.*
26. Any accolades, awards or other types of recognition?
27. Any tutoring (past or current)? Please provide name and dates and subjects supported.
28. Ever held a job? Please provide job history (employer, job title, dates).
29. Evaluations. Have you/they ever been evaluated before? *Please bring copies of any previous testing reports.*

SOCIAL/EMOTIONAL

30. Relationships with family. Please describe how you/your child gets along with immediate family members.
31. Temperament. What is your/their temperament? What are your/their emotional and interpersonal strengths and weaknesses?
32. Friendships. Is it difficult for you/your child to make or keep friends? Do friends tend to be of own age? History of being bullied or bullying? What do you/they do when socializing?
33. Do you/your child have a history of feeling highly anxious or depressed? Any self-harmful behaviors or feelings? Any obsessive or ritualistic behaviors? Please explain.
34. How do you/your child identify in terms of gender and sexual orientation? Is this an area that is currently being explored by you/your child?
35. What is you/your child's sense of self like (how someone feels about themselves)? Any preoccupations with or concerns about body or image?
36. Hobbies. How is free time spent? How is time after school or work spent? During the

summer? Any hobbies, sports or other activities? Creative outlets? Any awards, accolades or other ways in which you/they have been recognized in these activities?

37. Family history? Is there a family history of emotional difficulties (e.g., depression, anxiety), serious mental illness (e.g., schizophrenia, bipolar), learning problems (e.g., dyslexia), attention deficit (ADHD), or substance abuse (e.g., alcoholism, drug use)? Please explain. Include immediate and extended family.
38. Any concerns about phone or video game usage? What types of shows do you/they watch? Games played? Preferred apps/websites watched?
39. Any discipline concerns (at home, school or out in the community)? Ever been arrested?
40. Substance use (alcohol, drugs, vape, tobacco, etc). Please specify what and frequency.
41. Diagnoses. Have you/your child been diagnosed with a learning, attention, developmental, or psychiatric disorder? If so, by whom and when.
42. Support services. Have you/your child ever participated in psychotherapy, speech and language therapy, occupational therapy or any other support service? Please list providers and dates seen. Were the services found to be helpful?
43. Any other concerns or considerations that would be helpful for me to know and understand?