

QUESTIONNAIRE FOR PARENTS

Dear Parents,

Thank you for making the time to complete this questionnaire regarding your child. Please answer each question as honestly as you can -- there are no right or wrong answers. In each question you will be asked to show the extent to which you agree or disagree with a statement. If you *strongly agree* with a statement, circle the number 7. If you *strongly disagree* with a statement, circle 1. If your feelings are not strong or neutral, circle one of the numbers in the middle.

MY CHILD:

Please rate the extent to which you <u>agree or disagree</u> with the following statements. Circle only one number for each statement.		<i>Strongly Disagree</i>			<i>Strongly Agree</i>			
Sensitivity								
1	Can sense and feel energies	1	2	3	4	5	6	7
2	Is highly intuitive	1	2	3	4	5	6	7
3	Senses when people are not being honest	1	2	3	4	5	6	7
4	Responds more to how people feel than what they say or do	1	2	3	4	5	6	7
5	Has a heightened sensory system	1	2	3	4	5	6	7
6	Seems to read my mind	1	2	3	4	5	6	7
7	Knows things without being told	1	2	3	4	5	6	7
8	Struggles in large groups of places with high stimulation or noise	1	2	3	4	5	6	7
9	Has imaginary friends	1	2	3	4	5	6	7
10	Makes up different languages	1	2	3	4	5	6	7
11	Cares about the well-being of earth	1	2	3	4	5	6	7
12	Has a deep connection to animals, nature and all life forms	1	2	3	4	5	6	7
13	Mirrors the feelings and thoughts of others	1	2	3	4	5	6	7
14	Feels other people's emotions; highly empathic or notices distress of others	1	2	3	4	5	6	7
15	Has a strong sense of justice and fairness	1	2	3	4	5	6	7
16	Startles easily	1	2	3	4	5	6	7
17	Has trouble sleeping at night, night terrors/bad dreams, or is afraid of the dark	1	2	3	4	5	6	7
18	Either likes or avoids certain locations or people	1	2	3	4	5	6	7

Please rate the extent to which you <u>agree or disagree</u> with the following statements. Circle only one number for each statement.		<i>Strongly Disagree</i>			<i>Strongly Agree</i>			
Sensory								
1	Is often bothered by tags, itchy/tight clothing, or sock seams	1	2	3	4	5	6	7
2	Does not like loud, unexpected sounds such as sirens	1	2	3	4	5	6	7
3	Does not like crawling/walking barefoot on coarse carpet/grass	1	2	3	4	5	6	7
4	Upset by transitions and unexpected changes	1	2	3	4	5	6	7
5	Walks on tiptoes	1	2	3	4	5	6	7
6	Often unaware of body sensations such as hot/cold, hunger	1	2	3	4	5	6	7
7	Makes sound, noises, squeezes or touches things to self-soothe/regulate	1	2	3	4	5	6	7
8	Sensitive to food textures, temperature and spice	1	2	3	4	5	6	7
9	Doesn't seem to notice when touched	1	2	3	4	5	6	7
10	Easily exhausted	1	2	3	4	5	6	7
11	Is impatient when they don't have something to do	1	2	3	4	5	6	7
12	Does not have a daily routine	1	2	3	4	5	6	7
13	Likes sports that involve a physical thrill	1	2	3	4	5	6	7

Please rate the extent to which you <u>agree</u> or <u>disagree</u> with the following statements. Circle only one number for each statement.		<i>Strongly Disagree</i>					<i>Strongly Agree</i>	
Social-Emotional								
1	Makes friends easily	1	2	3	4	5	6	7
2	Loves fantasy worlds	1	2	3	4	5	6	7
3	Struggles to fit in	1	2	3	4	5	6	7
4	Has frequent meltdowns or outbursts	1	2	3	4	5	6	7
5	Learns better from a gentle correction than strong punishment	1	2	3	4	5	6	7
7	Loses interest in something they love when it becomes performative	1	2	3	4	5	6	7
9	Is very sensitive to pain	1	2	3	4	5	6	7
10	Performs better when strangers aren't present	1	2	3	4	5	6	7
11	Seems very intuitive	1	2	3	4	5	6	7
12	Can be rigid or inflexible	1	2	3	4	5	6	7
13	Is a peacemaker	1	2	3	4	5	6	7
14	Likes to please	1	2	3	4	5	6	7
15	Is sensitive	1	2	3	4	5	6	7
16	Struggles with rules and regulations that don't make sense	1	2	3	4	5	6	7
17	Prefers quiet play	1	2	3	4	5	6	7
18	Has a hard time making friends	1	2	3	4	5	6	7
19	Prefers to be alone	1	2	3	4	5	6	7
20	Considers if something is safe before engaging	1	2	3	4	5	6	7
22	Is someone others go to as a problem solver	1	2	3	4	5		

Please rate the extent to which you <u>agree</u> or <u>disagree</u> with the following statements. Circle only one number for each statement.		<i>Strongly Disagree</i>					<i>Strongly Agree</i>	
Learning								
1	Responds to questions slowly	1	2	3	4	5	6	7
2	Is intelligent but has trouble with school	1	2	3	4	5	6	7
3	Asks deep, thought-provoking questions	1	2	3	4	5	6	7
4	Seems to arrive at (i.e., mathematical, scientific) solutions in a unique and different way than what they have been taught	1	2	3	4	5	6	7
5	Has been given labels such as: ADHD, Dyslexic, Autism, 2e, or other	1	2	3	4	5	6	7
6	Jumps from topic to topic	1	2	3	4	5	6	7
7	Highly Verbal	1	2	3	4	5	6	7
8	Avoids work that seems complicated or hard	1	2	3	4	5	6	7
9	Has difficulty doing things in sequential order	1	2	3	4	5	6	7
10	Needs frequent reminders to complete daily tasks	1	2	3	4	5	6	7
11	Acts on impulse	1	2	3	4	5	6	7
12	Has difficulty paying attention; easily distracted	1	2	3	4	5	6	7
13	Runs out of energy before finishing homework	1	2	3	4	5	6	7
14	Has trouble completing tasks	1	2	3	4	5	6	7
15	Has intense focus on areas or interest or passion	1	2	3	4	5	6	7
16	Is forgetful	1	2	3	4	5	6	7
17	Has a photographic memory for learning	1	2	3	4	5	6	7
18	Takes in all the visual stimuli of their environment noticing the slightest changes	1	2	3	4	5	6	7
19	Is highly talented in a specific area	1	2	3	4	5	6	7
20	Is resistant to school	1	2	3	4	5	6	7
21	Possesses excellent analytic capabilities	1	2	3	4	5	6	7

22	Is highly creative or gifted in the arts or music	1	2	3	4	5	6	7
23	Has difficulty reading, writing or following directions	1	2	3	4	5	6	7
24	Has difficulty with math	1	2	3	4	5	6	7

To analyze the information we receive from you, we need to be able to classify it into broad categories. Your personal information will not be used for identification purposes.	
1	What is your child's gender?
2	What is your child's age?
3	What type of education is your child currently participating (i.e., public, private, homeschool, unschooling other)?
4	What state/country do you live in, and would you like to be connected to others like yourself?
5	What language/s do you speak?

Please complete the following questions:

1. What are your overall hopes and dreams for your child?

2. What are greatest concerns regarding your child, or your relationship with your child, at this time?

3. What outcome would you most like for your child at this time?

4. Do you have anything else you would like to add, or anything that you feel would be helpful to you?

Thank you for your time completing this questionnaire.

Kim Southerland, M.A.

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