



ABA/VB Based Tutoring Parent Questionnaire

Today's date: _____

Person completing this form: _____

Child's name: _____

Date of birth: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(s): (H) _____ (W) _____ (C) _____

Mother's name: _____ Father's name: _____

Is your child in elementary school/middle school/high school? _____

If so, where and what grade is your child in? _____

Teacher's name: _____ Phone: _____

Has your child or does your child have an IEP/IFSP? _____

If so, please indicate services being provided? _____

Has your child ever received ABA resources before? _____

If so, indicate where, when and with whom: _____

Has your child ever had a speech-language evaluation before? _____

If so, indicate where, when and with whom: _____

Please list all other specialists who provide care to your child:

	Name	Specialty
1.	_____	_____
2.	_____	_____
3.	_____	_____

What are strong motivators (reinforcers) for your child? (e.g., food, toys, activities)

Does your child have any dietary constraints?

Reading Skills

Which of the following skills does your child currently display?

- | | |
|--|---|
| <input type="checkbox"/> reciting the alphabet | <input type="checkbox"/> identifying letter sounds |
| <input type="checkbox"/> reading simple words | <input type="checkbox"/> reading picture books |
| <input type="checkbox"/> reading chapter books | <input type="checkbox"/> memorizing a certain book(s) |

If your child is reading, what is their reading level? (What grade level do they read at fluently and/or what are some examples of books they can read fluently?) _____

Language Skills

Which of the following do you think your child understands?

- | | |
|--|--|
| <input type="checkbox"/> names of objects | <input type="checkbox"/> simple questions (yes/no) |
| <input type="checkbox"/> conversational speech | <input type="checkbox"/> simple directions |
| <input type="checkbox"/> names of body parts | <input type="checkbox"/> complex directions |
| <input type="checkbox"/> actions (eating, sleeping, etc.) | <input type="checkbox"/> adjectives (big, full, dry, etc.) |
| <input type="checkbox"/> prepositions (on, in, over, etc.) | <input type="checkbox"/> same/different |

What most concerns you about your child's language skills? (What areas would you like to see improvements in or feel you child would benefit from more practice using the skill(s)?)

Writing Skills

Which of the following skills does your child currently display?

- | | |
|--|--|
| <input type="checkbox"/> writing lowercase letters | <input type="checkbox"/> writing uppercase letters |
| <input type="checkbox"/> writing his/her name | <input type="checkbox"/> copying written words |
| <input type="checkbox"/> writes single words from memory | <input type="checkbox"/> writes sentences |

What most concerns you about your child's writing skills? (What areas would you like to see improvements in or feel you child would benefit from more practice using the skill(s)?)

Math Skills

Which of the following skills does your child currently display?

___ counting to 100

___ simple addition (single digit)

___ simple subtraction (single digit)

___ graphs or charts

___ names/ value of money

___ simple shapes

___ word problems

___ complex shapes

What most concerns you about your child's math skills? (What areas would you like to see improvements in or feel you child would benefit from more practice using the skill(s)?)

Academic History

Please provide information about your child's education including schools attended and additional services provided for your child through his/her school(s):

What is your primary reason(s) for seeking tutoring for your child's reading, writing, language and/or math skills?
