**Case History Questionnaire**

Dear Parents,

You have requested that your child be tested at a Pedagogical-Psychological Counselling Centre/Special Pedagogical Centre. It would help us greatly if you filled out this questionnaire diligently. We will treat the information that you provide as confidential and use it to perform an overall assessment of your child’s difficulties and find a solution to them. If filling in the questionnaire by hand, circle the best answer from the choices offered; if filling in the questionnaire in electronic form, highlight them. Please write out all other information.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name:** | |  | | **Child’s surname:** | |  | | | |
| Date of birth: | |  | | | | | |
| Previous place of residence (country), nationality: | | | | |  | | |
| Current place of residence: | | |  | | | |
| School, year: |  | | | | | | | |

**Family history**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s mother:** | |  | | | | | | | | |
| Year of birth: |  | | | | | Education: | | |  | |
| Original profession: | | | |  | | | | Employment in the Czech Republic: | |  | |
| **Child’s father:** | | |  | | | | | | | | |
| Year of birth: | | |  | | | | | Education: | |  | |
| Original profession: | | |  | | | | | Employment in the Czech Republic: | |  | |
| Parents living together: | | | | | yes – no | | | Family: complete – single-parent (divorce, death) – stepfamily | | | |
| Other people in the family contributing to raising the child: (e.g., grandparents, nanny) | | | | | | |  | | | |
| Children’s siblings *(name and surname, year of birth, school, year):* | | | | | | | | | | | |

**Current family situation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date when parents arrived in Czech Republic: | | |  | | | | |
| Date when child arrived in the Czech Republic: | | | |  | | | |
| Circumstances surrounding arrival in the Czech Republic: | | | | |  | | |
| Parents’ adaptation to new environment: | | good – bad (reason): | | | | |  |
| Child’s adaptation to new environment: | good – bad (reason): | | | | |  | |
| Planned duration of stay in the Czech Republic: | | | |  | | | |

**Communication environment in family**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mother’s native language: |  | | Father’s native language: | | |  | |
| Languages spoken in the family (in order of importance): | | | |  | | | |
| Languages spoken by the child: | | 1. | | | level: basic – good – very good – native speaker | |
|  | | 2. | | | level: basic – good – very good – native speaker | |
|  | | 3. | | | level: basic – good – very good – native speaker | |
| Czech language course for parents: took place – is taking place – is planned – is not planned – is not necessary  Czech language course for the child: took place – is taking place – is planned – is not planned – is not necessary  Child’s level of knowledge of Czech: none – beginner – intermediate – advanced – very advanced | | | | | | | | |

**Personal history**

Pregnancy: without complications – with complications Mother’s state of heath at time of pregnancy: good – poor

Birth: without complications – with complications Birth: full term – premature by …… days – late by …… days

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s sleep: peaceful – restless, frequently awake | | | | | | | | | | | | | | | | | | |
| First words (when): | | | |  | | | Speaking impediment: | | | | | | | yes – no | Speech therapy: | yes – no – still | | | |
| Crawling: yes – no | | | Independent walking (when): | | | | | | | |  | | Motor skills: adroit – less adroit – maladroit | | | | |
| Hospitalisation (reason, when): | | | | |  | | | | | | | | | | | |
| Medical care, examination (where, when): | | | | | | |  | | | | | | | | | |
| Health problems: | |  | | | | | | | | | | | | | | |
| Medication: |  | | | | | | | | | | | | | | | |
| Hereditary or mental illness in family: (*including obvious difficulties of reading, writing, counting, speaking, and remarkable behavioural traits)* | | | | | | | | | |  | | | | | | |
| In your own words, how would you describe your child, his/her behaviour, character: | | | | | | | |  | | | | | | | | |
| How is your child exceptional, what are his/her strengths? | | | | | | | | | | | |  | | | | |
| Your child’s favourite free-time activities: | | | | | |  | | | | | | | | | | |
| Interests, sporting activities, artistic activities: | | | | | | | | |  | | | | | | | |

**Prior school history (before attending present school)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | From | | To | | | Where | |  | | |
| Attendance at pre-school facility | |  |  |  | |  |  |  | Adaptation: good – gradual – poor | | |
| Attendance at basic school | |  |  |  | |  |  |  | Last year completed: | |  |
| Secondary school education | |  |  |  | |  |  |  | Last year completed: | |  |
| Repeated year: no – yes | Which year: | |  | | Reason: health – poor results – language – other: | | | | |  | |

**Thank you for your cooperation!**