

LINGUISTIC SKILLS	Generally	Rarely
Is able to tell about the day's events	<input type="checkbox"/>	<input type="checkbox"/>
Parents/guardians are able to understand what the child is saying	<input type="checkbox"/>	<input type="checkbox"/>
Other people are able to understand what the child is saying	<input type="checkbox"/>	<input type="checkbox"/>
Understands normal instructions and requests	<input type="checkbox"/>	<input type="checkbox"/>
Stutters	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify		

QUALITIES OF THE CHILD, TEMPERAMENT			
Select the qualities that best describe your child			
<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Pensive
<input type="checkbox"/>	Talkative	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	Lively	<input type="checkbox"/>	Careful
<input type="checkbox"/>	Shy	<input type="checkbox"/>	Apprehensive
<input type="checkbox"/>	Timid	<input type="checkbox"/>	Slow
<input type="checkbox"/>	Restless	<input type="checkbox"/>	Kind
<input type="checkbox"/>	Active	<input type="checkbox"/>	Emphatic
<input type="checkbox"/>	Laughing	<input type="checkbox"/>	Aggressive
<input type="checkbox"/>	Tearful	<input type="checkbox"/>	Short-tempered
<input type="checkbox"/>	Sad	<input type="checkbox"/>	Even-tempered, patient
<input type="checkbox"/>	Happy	<input type="checkbox"/>	Slow to warm to people and situations
<input type="checkbox"/>	Sensitive	<input type="checkbox"/>	Expresses displeasure/pleasure strongly
<input type="checkbox"/>	Easily irritated	<input type="checkbox"/>	Expresses displeasure/pleasure weakly
<input type="checkbox"/>	Calm	<input type="checkbox"/>	Assesses the situation before acting
<input type="checkbox"/>	Boisterous	<input type="checkbox"/>	Able to concentrate for a while e.g., to listen to a story
<input type="checkbox"/>	Intelligent	<input type="checkbox"/>	Concentration is easily broken by other goings-on
<input type="checkbox"/>	Vivid imagination		
Other, please specify			

What are you especially pleased about regarding your child?

Does something about your child worry you?

Does the child have fears, if so what?

How many hours a day does your child spend watching TV, using computer, or playing video games?

Is there something in particular you would like to talk about, e.g., changes in the family, your child's demanding behaviour, experiences of parenthood?

Information was provided by: