

Childs Name: _____

Main Concerns: speech, physical, behavioral, eating, sleeping, medical history?

Routines:

Wake: _____

Weekday Environment: _____

Nap: _____

Weekend Environment: _____

Bed: _____

Concerns: _____

Best / easiest / most enjoyable routine with your child: _____

Why: _____

Hardest / most challenging routine with your child: _____

Why: _____

ITC Portsmouth Family Questionnaire

Meals:

Appetite: _____

Habits: _____

Drinking: _____

Favorites: _____

Concerns: _____

Dynamics:

Relationships with other children: _____

Relationships with new adults: _____

Activities done as a family unit: _____

Activities enjoyed alone: _____

Favorite toys/activities: _____

Communicating wants/needs: _____