

Parent Questionnaire

Student Name _____

1. Name three friends that attend your child's school. (They can be in the same or different grade.)

- Who would your child like to play with? _____
- Who would your child like to sit next to? _____
- Who is your child's best friend? _____

2. What is your child's favorite toy or hobby? _____

3. What is your child's favorite color? _____

4. What does your child like to talk about? _____

5. What rewards your child? _____

6. What are negative punishments to avoid? _____

7. How does your child deal with:

- Anger _____
- Frustration _____
- Stress _____

8. Have you introduced your child to his/her diagnosis of Asperger's Syndrome/Autism/PDD:NOS?
(circle one) YES NO

- Would you mind if I taught lessons to your child explaining self-awareness and life lessons on his/her diagnosis? (circle one) NO YES

9. What issues would you be interested in receiving more information?

- () Sibling issues
- () Parenting
- () Dietary interventions
- () Behavioral issues
- () Sensory issues
- () Other _____