

Initial Parent Strengths and Difficulties Questionnaire

Your child's name: _____ Date of Birth: _____ Sex: _____

Class: _____ Aboriginal/Torres Strait Islander/Cultural background: YES/ NO

Your name: _____ Contact No: _____

Relationship to Child (please specify): _____

Address: _____ Date Completed: _____

For each item, please mark the box for Not True, Somewhat True or Certainly True. Please answer all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last 6 months.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example pencils, books, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees tasks through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you noticed any changes over the last term? (e.g behavior, emotion, social skills)

PLEASES TURN OVER TO COMPLETE FORM & SIGN.

Over the last six months, have your child's teachers complained of:

	No	A little	A lot
Fidgetiness, restlessness or over activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration or being easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting without thinking, frequently butting in or not waiting for their turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

	No	Yes— minor difficulties	Yes— definite difficulties	Yes— severe difficulties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

○ How long have these difficulties been present?				
	Less than a month	1-5 months	6-12 months	Over a year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Do the difficulties upset or distress the child?				
	Not at all	A little	A medium amount	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Do the difficulties interfere with the child's everyday life in the following areas?				
	Not at all	A little	A medium amount	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Do the difficulties put a burden on you or the family as a whole?				
	Not at all	A little	A medium amount	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify if your child is already linked with specialist services such as NDIS, Paediatrician, Speech Therapy, Occupational Therapy or Psychology? _____

If so, how often do they see their provider? _____

Does your child have a formal diagnosis? _____

I give consent for my child to be considered for the *Got It!* program and for *Got It!* to work directly with the school in relation to my child's needs. I understand I will be contacted if my child is shortlisted.

Signature: _____ Date: _____