Stakeholder Input Screening Questionnaires

**PARENT QUESTIONNAIRE:** Within the last six -eight weeks have you been concerned about your child’s:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Concern  (0) | Somewhat Concerned  (1) | Significant Concern  (2) | Not Applicable  (0) |
| Completion of homework assignments |  |  |  |  |
| Participation in activities and typical routines |  |  |  |  |
| Following adult directions |  |  |  |  |
| Interactions or relationships with peers or siblings |  |  |  |  |
| Sleep patterns |  |  |  |  |
| Mood, attitude, or disposition |  |  |  |  |
| Motivation or interest level |  |  |  |  |
| Isolating themselves from family or friends |  |  |  |  |

|  |  |
| --- | --- |
| Are there any other concerns that you have? |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes (2)** | **Maybe (1)** | **Not at This Time (0)** |
| Would you like to see you child receive intervention to address your concerns? |  |  |  |