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**PARENT QUESTIONNAIRE – INTELLECTUAL EVALUATION**

**I. IDENTIFYING DATA:**

Date \_\_\_\_\_

Child' s Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: Yrs. \_\_\_\_ Mos. \_\_\_\_ DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Present School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Father' s Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_

Religion: \_\_\_\_\_ Education: \_\_\_\_\_

Father' s Email Address \_\_\_\_\_

Mother' s Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Occupation: \_\_\_\_\_ SS#: \_\_\_\_\_

Religion: \_\_\_\_\_ Education: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Status: Married/Separated/Divorced/Widowed (circle one)

Legal Guardian: (if not parent) \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_

Others in the Home:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Who referred child? \_\_\_\_\_

**II. HEALTH:**

List any problems at birth, developmentally or medically (e.g. prematurity, delays, unusual illnesses)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was your child particularly rapid in acquiring speech, motor skills or concepts? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. EDUCATIONAL HISTORY:**

Schools Attended	Grade	Progress in School
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's attitude toward school: \_\_\_\_\_

Describe any difficulties and strengths in specific areas (reading, arithmetic, art, etc.,)

Difficulties: \_\_\_\_\_

\_\_\_\_\_

Strengths: \_\_\_\_\_

\_\_\_\_\_

Describe child's study habits: \_\_\_\_\_  
\_\_\_\_\_

Describe any unusual interests in school: \_\_\_\_\_  
\_\_\_\_\_

Describe attention span on academic activities: \_\_\_\_\_  
\_\_\_\_\_

**IV. SOCIAL HISTORY:**

How does child get along with children of same sex? \_\_\_\_\_  
\_\_\_\_\_

Children of opposite sex? \_\_\_\_\_  
\_\_\_\_\_

Describe any behavior problems: \_\_\_\_\_  
\_\_\_\_\_

Describe child's personality: \_\_\_\_\_  
\_\_\_\_\_

List child's specific hobbies or interests: \_\_\_\_\_  
\_\_\_\_\_

**STATEMENT**

For your information, your child is being evaluated for his intellectual potential as it relates to academic placement. You will receive an honest appraisal of your youngster's strengths and weaknesses as well as suggestions for placement. Your presence or fee does not guarantee that he/she will qualify for any specific educational program.

This appointment is for gifted testing **ONLY**. It is not a clinical interview or Psychological testing. Therefore tests will **not** be completed that detect learning disabilities, ADHD, Autism or psychological disorders.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date