



**Parent Questionnaire  
Behavioral**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Your child has been referred to the Assistive Technology/CORE Team for concerns related to behavior and/or social skills. Please complete this form and return to \_\_\_\_\_ by \_\_\_\_\_ .

Do you feel your child has behavioral and/or social difficulties at school?  
 yes  no If yes, please explain: \_\_\_\_\_

Do you feel your child has behavioral and/or social difficulties at home/community?  
 yes  no If yes, please explain: \_\_\_\_\_

How does your child spend the majority of their leisure time while in the home/community?  
\_\_\_\_\_

Have you noticed patterns and/or situations that have changed your child's behavior?  
 yes  no If yes, please explain: \_\_\_\_\_

Does your child have any current supports used within the home/community to assist with behavior and/or socialization? (e.g., visual prompts, behavior chart, positive reinforcements, etc.)  
 yes  no If yes, please explain: \_\_\_\_\_

What would you like to see as a result of this Assistive Technology/CORE Team referral? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_