

## Parent Questionnaire

The following questions may help guide you in the creation of your own parent questionnaire. Consult with a medical professional to establish the correct questions and approach.

### 1. *What is your child's disability?*

If: Down's Syndrome: Do you have the results of the neck x-ray? (If the x-rays are positive, then written permission from the doctor is required for your child to play).

If: Asthma: How frequent are the attacks? Is an inhaler used? What is done when an attack happens?

If: Seizure Disorder: How frequent are the seizures? What needs to be done when a seizure occurs?

### 2. *What medications are used for your child?*

What are the side effects?

How often are these medications taken?

Who administers the medication?

### 3. *What self needs does your child have?*

Dress him/her self?

Tie his/her shoes?

Use the restroom by him/her self?

### 4. *Does your child have any allergies?*

What allergies?

What are their reactions to this?

### 5. *Does your child have any diet restrictions? If so, what?*

### 6. *Does your child have any exercise restrictions? If so, what?*

### 7. *Does your child have any physical limitations? If so, what?*

### 8. *Does your child have any fears? If so, to what?*

### 9. *What are some of your child's favorite things? Favorite thing to do? Favorite food?*



**Parent Questionnaire** (continued)

**10. Who is the authorized person to be in charge of your child?**

Name

Address

Phone #

**11. Is this person the one to contact in case of emergency?**

If not, who should we contact?

Name

Address

Phone #

**12. What do I need to know to make your child's experience in the program a success?**

**13. What do you expect for your child from this program?**

**14. Does your child have a goal plan set by the school or physical therapist?**

If so, what is it and how can we incorporate this into this program?

**15. What aids does your child use? Wheelchair, walker, braces, crutches, etc.?**

How can we make these aids safe for your child and the other participants?

**16. Are you willing to help in this program?**

What would you like to do?