



Parent Strengths and Difficulties Questionnaire

Your child's name: _____ Date of Birth: _____
 Aboriginal/Torres Strait Islander/Cultural background _____

Today's Date: _____ Male/Female Age: _____ Class: _____

Your name: _____ Mother/Father/Other (please specify): _____

Address: _____ Contact No: _____

Please answer each item as best as you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six 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 toys, treats, pencils	<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 offers 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 chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

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 his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along 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	1-5 months	month 6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties upset or distress your 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 your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	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 your or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you



Telephone: 9631 8529
9631 8492

Fax: 9896 3079

Got It! Agreement and Consent form

EXCHANGE OF INFORMATION

- I have been given information about confidentiality and the limits of confidentiality.
- I give consent for the Got It! Team and Wentworthville Public School to exchange information regarding _____ (*child's name*) _____ (*birth date*) where information is relevant to the Got It! program.
- I give consent for the Got It! team to provide appropriate feedback to school staff in regards to my child's behavioural management. This may include information collected during the assessment process and throughout participation in the Got It! program.
- I understand that information regarding my child's involvement in the program will be stored securely by the school counsellor.
- I understand that information collected for the Got It! program may be used to evaluate and improve this service. However this information will not contain any details that could be used to identify my child or myself.

Name: _____

Address: _____

Signature: _____ Date: _____

PARTICIPANT AGREEMENT

- I give consent for _____ (*child's name*) _____ (*birth date*) to participate in the Got It! program at Wentworthville Public School during Term 2, 2020
- I understand that the program requires a weekly attendance commitment from both me and my child.
- I agree to my child participating in the assessment process for the Got It! program, which may include classroom observations by the Got It! team and discussions with classroom teachers.

Name: _____

Signature: _____ Date: _____