

McCaskill Family Services
409 Plymouth Road, Suite 250, Plymouth, MI 48170
2040 Grand River Annex, Suite 300, Brighton, MI 48114
734-416-9098, Ext. 1 • www.mccaskillfamilyservices.com • office@mccaskillfamilyservices.com

MFS RE-EVALUATION QUESTIONNAIRE

Parent Follow-Up

Child's Name: _____ Age: _____ Today's date: _____

Address: _____ City: _____ Zip: _____

Person Completing Form: _____ Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name of School: _____ Grade: _____

School Contact Person (Teacher, Counselor, Principal): _____

Primary Care Doctor or Pediatrician: _____

Name and Reason for Tutoring (if applied): _____

A. Please list any specific concerns or questions you now have.

1. _____
2. _____
3. _____
4. _____

B. Has the school held a team meeting or conference about your child since his/her last evaluation?
YES NO DON'T KNOW

C. Has your child had any new evaluation(s) or tests either in or out of school?
YES NO DON'T KNOW If so, please attach any available results and check one of the boxes below.

Type of Evaluation: Speech and/or Language Neurological Psychiatric
Psychological Achievement Tests Admission Tests
Other Please specify. _____

D. Are you pleased with the program your child now has in school?
YES NO NOT SURE

E. How does your child feel about his/her program at school?
 Happy/Enthusiastic Doesn't care or say much Somewhat unhappy
 Wants it changed Cannot say

F. How does your child feel about coming back for this appointment?
 Eager, happy Doesn't care Would rather not come
 Is quite unhappy about it Cannot say

G. Current Progress: Below is a brief list of skills and behaviors. Please mark an **X** in the column that best describes your child recently. At the end of the list there are some spaces where you may add other skills/behaviors that are problems for your child.

Current Progress	Never had a problem	Had a problem; no longer has a problem	Some improvement; still has a problem	No improvement; still has a problem	Is worse; has a new problem	Cannot say; not relevant	COMMENTS
<u>ACADEMIC PERFORMANCE</u>							
Reading							
Spelling							
Handwriting							
Mathematics							
Science							
History/Social Studies							
Foreign Language							
Overall School Performance							
Study Habits							
Completing Homework							
Remembering Assignments							
Interest in Schoolwork							
Taking tests in school							
<u>ATTENTION</u>							
Concentrating							
Listening to Instructions							
Planning, thinking before acting							
Consistency of work quality							
Detecting own errors (checking work)							
Activity level							
Alertness while doing schoolwork							

Finishing things							
Feeling satisfied							
<u>BEHAVIOR/FEELINGS</u>							
Overall confidence							
Relationship with brothers/sisters							
Relationship with other children							
Relationship with parents							
Happiness in school							
Happiness at home							
Ability to handle frustration/ disappointment							
Willingness to attend school							
Acceptance of responsibilities							
Overall behavior							
<u>OTHERS</u> (please list)							

H. Is your child receiving any tutoring, counseling, or treatment(s) outside of school?

YES NO

I. Since the last evaluation, has there been any important events (illnesses, losses, family changes, alterations in school, etc.) that may have affected your child?

YES NO POSSIBLY

J. Has your child been in any medication or other treatments during the last month?

YES NO If so, specify type and amount. _____

Has there been a problem following through on this? YES NO NOT SURE

K. Has your child had any physical symptoms lately? YES NO

If so, please describe.

L. Please write any other comments below. Attach another sheet if you wish.
