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Diagnostic and Background Questionnaire

Name: _____

_____ Birthdate: __/__/__

Daytime Number: _____ Email: _____

1. Please summarize your reason for seeking services.

2. What kind of information or help do you hope will come from this evaluation?

3. Have you ever been tested before?

If so, please indicate when, by whom, and tests given (please attach copies of all prior testing reports to this questionnaire).

4. CURRENT SITUATION

Describe your current job or school situation. Include your major responsibilities and indicate which of these responsibilities you feel you are easily able to complete and which are causing you difficulty.

Areas where you are having no difficulty:

Areas where you are having some difficulty: Which areas of school/your job are causing you the most difficulty?

5. EDUCATION

Pre-college Education

Name of School:

Elementary School

Middle School

High School

Achievement/Grades:

Elementary School

Middle School

High School

Were you ever identified as gifted/talented in elementary, middle, or high school?

If so, please explain how you were identified, by whom, and what (if any) accommodations or adjustments were made to your school program as a result of this identification.

Were you ever identified as having a learning disability in elementary, middle, or high school?

If so, please explain how the learning disability was identified, by whom, and what (if any) accommodations or adjustments were made to your school program, or special services you received, as a result. (Please send copies of any school records or reports that you think may be relevant.)

College/University Education:

Name:

Major/Concentration:

Degree

Undergraduate

Post-graduate

What are/were your grades like as a college student? Did you receive any honors or have any special achievements while you were an undergraduate or graduate student?

Did/do you have any particular problems as a college student?

Is there anything else you think I should know about your education and student performance?

6. CURRENT ABILITIES

Memory

Do you feel that you have an exceptional, average, or poor memory?

Has your ability to remember things changed? Please explain.

Please comment on your ability in the following areas:

Organizational skills:

Ability to focus and sustain attention:

Perfectionistic tendencies:

Relationship with peers and colleagues:

Please comment on your abilities in the following academic areas:

Reading and Reading Comprehension:

Writing:

Math Skills:

Creative and Artistic Talent:

What do you think are your academic strengths and weaknesses?

7. PERSONALITY/TEMPERAMENT

Describe yourself as a person:

How would you describe your temperament?

What do you think are your personal strengths and weaknesses?

8. HEALTH HISTORY

Present Health

How is your present health?

Are you on any kind of medication? If so, what?

Do you have a known hearing loss or vision problems? If yes, please describe.

Do you have a history of anxiety or depression? If yes, please indicate when.

Early Health:

Did you have any health problems as a child? Please describe.

Did you have any unusual accidents or trauma as a child? Please describe.

9. FAMILY BACKGROUND

Was your mother, father, or any of your siblings ever identified as gifted/talented?

Any evidence of intellectual giftedness or special talent in your family?

If so, please describe.

Is there any history of learning difficulties in your family (parents, siblings, grandparents, cousins, aunts, uncles)? If so, please describe.

Are there any special situations in your life or recent events that you believe might be important for us to discuss? (For example, divorce or separation, death in family, etc.)