

QUESTIONNAIRE FOR PARENTS

Please answer the questions below to help you better understand your child and for successful your child adaptation. It is not an evaluation questionnaire - it's designed to better understand the child's behavior and qualities. By storing information, we will treat confidentiality - the information will be used only by pedagogues and specialists working with the child.

Mark most suitable answers for you —√

1. Questionnaire is filled by:

- Mother Father

2. In that way with you or other relatives communicate your child?

- Only in sounds (i.e.: a-a, opapa, bum, niam-niam and ect.);
- Syllables;
- Single words;
- Sentences;
- Gestures;
- Pictures.

3. In your opinion, your child's best understanding form is:

- Telling ins words Show in movement From face expressions from behavior, specific reactions

4. Choose answers to claims.

Can your child be able to do the following on his own	Yes	Partly (please specify)	No
Dress up			
Put on your boots			
To scrub			
Brush teeth			
Eat			

5. Indicate the answer.

Your child's peculiarities of sleep	Specific	Not indifferent
Normal sleep rhythm (no difficulties)		
Disordered sleep at night (often wake up, do not sleep, sleep sensitively, not long)		
Disrupted sleep during the day (sleeping hard, sleeping sensual, fast wake up)		
Unusual Sleep Cycle		

6. How your child usually expresses his wishes:

- Show what he want Tell what he want Immediately do what he want Do not show his wishes

7. Ways to control misconduct in the family:

Way	Frequently	Sometimes	Never
Ignoring			
Anger			
Screaming			
Threat			
Prohibition to engage in a favorite activity			
Use relaxation breaks			
Using pictures for behavioral formation			

other (please, specify).....

8. Creating good behavior with honors and encouragement. When the child behaves properly, you encourage him:

Way	Frequently	Sometimes	Never	Child likes (+) dislikes (-)
Calm, giving positive attention				
Praise				
Stroke				
Kiss				
Hug				
Carrying				

Permission to engage in a favorite activity				
Favorite food (delicacies)				

other (please specify).....

9. Do you have difficulties with your child's behavior and unpredictable reactions when guests come to your house:

- Yes No

If you have - please, specify kind.....

10. Do you go with your child:

To the guests Yes No

To the theater Yes No

To the cafe Yes No

Take a walk in nature Yes No

Take a walk in the city Yes No

What's your child's behavior in these situations (*please specify*)?

.....

11. What kind of activities likes your child ? (*please specify*)

.....

12. Does your child hurts himself:

- Yes No

If yes, in what way (*please specify*).....

What is effective in protecting himself from injury (*please specify*)

1).....

2).....

13. Does your child hurts others:

- Yes No

If yes, what kind (*please specify*).....

How do you handle that (*please specify*)

1).....

2).....

14. Does your child have an anger attack?:

Yes No

If yes, what's the reason usually? (*write in*)

How often it happens?.....

What measures are most effective and help you to calm your child's anger (*please specify*)

1).....

2).....

15. Does your child have hypersensitivity?

For certain sounds	<input type="checkbox"/> Yes (<i>What?</i>)
For the light	<input type="checkbox"/> Yes (<i>What?</i>)
For touching	<input type="checkbox"/> Yes (<i>What?</i>)
For some clothes	<input type="checkbox"/> Yes (<i>What?</i>)
For other irritant	<input type="checkbox"/> Yes (<i>What?</i>)

16. Is your child choosy for food?:

Yes Partly No

Please, highlight the most common peculiarities of catering

.....

17. Does your child feels he's in danger?

Yes No

If yes, how it appears (*please specify*).....

.....

18. Does your child have a desire to maintain stability, the need to maintain a regular routine?

Yes No

If yes, what kind (*please specify*)

.....

19. Is the fear of change a problem:

Yes No

If yes, what kind (*please specify*)

.....

20. What should you offer to specialists (at the educational institution and elsewhere) when communicating, educating children?

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21. What are your expectations from educators (educators, special educators, speech therapists, etc.)? (please, write in)

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We sincerely thank you for the provided information

Work group

The questionnaire is based on sources: S. Lesinskienė, D. Pūras, A. Kajokienė, J. Šenina. (2001). *Autistic childcare peculiarities*. Vilnius; Ivoškuvienė, R., Balčiūnaitė, J., (2002). *Autistic childcare peculiarities*, SU.