Dear Parents/Guardians:

Thank you for your interest in the Successful Transition from Elementary to Post-Secondary (STEPS) program (formerly the Gr8 Transitions program) offered by the Regional Assessment and Resource Centre (RARC) at Queen’s University. This is a 2-year program (beginning in Grade 7) for students with specific learning disabilities and continues until the student attends Grade 9.

In the past, the Ministry of Training, Colleges and Universities (MTCU) has funded the STEPS program to collect research information about the nature of learning disabilities through adolescence. The Ministry is supportive of the program but is no longer able to fund a program for a cohort of students not in, or imminently transitioning to, post-secondary education. However, our experience over the last 10 years’ of the program has taught us that by providing students, their parents and teachers with a deeper understanding of the student’s learning profile and challenges, it increases the chances of students succeeding in secondary school and beyond.

As such, RARC is committed to continuing the program, providing a psychoeducational assessment as well as the parent and student intervention sessions and the summer camps. There will be no cost for the intervention sessions and the psychoeducational assessment will be provided with flexible payment options over a 2-year period. Please see the attached Financial Contract form for full details.

To hear from former students and parents, follow this link: https://tinyurl.com/STEPStestimonials

**STEPS Information Night** will take place on November 8th 6:30 pm – 8:00pm in Room B201, Mackintosh-Corry Hall, 99 University Avenue on Queen’s campus in Kingston. Google Maps: https://goo.gl/maps/q99wL8CDYaB2

**For students accepted into STEPS, the program provides:**
- an updated psychoeducational assessment
- student intervention sessions focusing on self-advocacy and self-esteem
- parent training sessions
- summer adaptive technology and transition programs

**Eligibility Requirements**
To be eligible to apply for the STEPS program, students must:
- Apply for the program during the fall of their Grade 7 year
- Be previously identified or diagnosed with a Learning Disability in reading and/or writing
- Have average intellectual functioning (25th percentile and above), based on previous assessment findings
- Meet the LDAO (Learning Disability Association of Ontario) definition of a learning disability. (www.ldao.ca/introduction-to-ldsadhd/what-are-lds/official-definition-of-lds/)

**Acceptance in the STEPS Program**
There are a limited number of spaces in the STEPS program each year. Applications will be screened and scored to determine acceptance into the program.
The Psychoeducational Assessment
Each student who meets the criteria for the program, and who’s most recent assessment is more than two years old, will receive a psychoeducational assessment in Grade 7. The detailed and comprehensive assessment consists of cognitive and academic testing by RARC practitioners. Participation in the assessment involves a background questionnaire, parent intake interview and consent appointment (about 1 hour), and attendance of the student at three testing sessions of approximately 3 hours each. Testing sessions take place during office hours 8:30am-4:30pm. Following the testing there will be a 1 hour feedback meeting arranged for the family. Parents will be given written reports which they may choose to share with the school. The cost of the psychoeducational assessment is $2000, with flexible payment options over a 2-year period. Please see the attached Financial Contract form for full details.

Intervention Sessions/Parent Training Sessions
Students will participate in group intervention sessions in grades 7 & 8 with a focus on increasing self-esteem and developing self-advocacy skills. Parents will also participate in sessions to increase their knowledge of learning disabilities and develop specific strategies to aid their child.

Summer Programs
Students will attend a one-week Adaptive Technology training program in the summer between Grades 7 and 8. In the summer between Grades 8 and 9, students will participate in a one-week transition camp to prepare them for the transition to high school.

Participation
Full participation of the program is mandatory, and families who withdraw from the program or skip components of the program will be charged a fee. For this reason, we require participants to provide an undated cheque for $200 (once their child is accepted into the program). All cheques will be returned (and not cashed) at the end of the 2-year program. If a family decides to withdraw during the program, we will cash the cheque at that time.

If you are interested in participating, please fill out the Registration Form and Background Information Questionnaire and Financial Contract (if previous psychoeducational assessment is more than two years old) and return these to your child’s Special Education teacher as soon as possible. To accurately prepare for the updated assessment, the practitioner needs to have all specialist assessment reports (psychoeducational, occupational therapy, speech language, psychiatric, etc.), report cards from each year, and the most current Individual Education Plan. With your permission, school personnel will copy the above documents and send them to RARC staff.

Please contact the Program Coordinator at 613-533-6000 ext 75220 or steps@queensu.ca if you have any questions.

Sincerely,

Dr. Allyson G. Harrison, Ph.D., C. Psych.
Clinical Director, Regional Assessment and Resource Centre
Successful Transition from Elementary to Post-Secondary (STEPS) Registration Form

To be completed by the parent/guardian

Student
First Name: ___________________________________________ Last Name: ___________________________________________
Date of Birth: ___________________________________________ Gender: ____________________________
Elementary School: __________________________________ Current Grade: ______________________
Expected High School: __________________________________________

Parent/Guardian 1 (primary contact)
Name: ___________________________________________ Relationship to child: ____________________________
Home #: ___________________________________________ Work #: ___________________________________________
Cell #: ___________________________________________ Email Address: ___________________________________________
Preferred method(s) of contact:
☐ Home Phone ☐ Work ☐ Cell ☐ E-mail
Home address: ______________________________________________________________________________________
______________________________________________________________________________________________

Parent/Guardian 2
Name: ___________________________________________ Relationship to child: ____________________________
Home #: ___________________________________________ Work #: ___________________________________________
Cell #: ___________________________________________ Email Address: ___________________________________________
Preferred method(s) of contact:
☐ Home Phone ☐ Work ☐ Cell ☐ E-mail
Home address: ☐ Same as above
______________________________________________________________________________________________

Child is living with:
☐ Both parents ☐ Mother ☐ Father
☐ Legal Guardian ☐ Other (specify) ____________________________
Status of parent’s relationship:
- □ Married (How long? ________ years)
- □ Never married
- □ Separated (Child’s age at separation ____)
- □ Divorced (Child’s age at divorce ____)
- □ Single
- □ Widowed

If parents are divorced, please indicate whether there are step-parents:
- □ Stepmother (Name: __________________________)
- □ Stepfather (Name: __________________________)

Is your child adopted?  □ No  □ Yes  (If yes, age at adoption ______________________)

In the case that the parents/guardians cannot be reached – Emergency Contact:
Name: ____________________________  Phone #: ____________________________

Scheduling: Psycho-educational assessment appointments are scheduled Monday-Friday at 9am-12pm or 1-4pm. Are there certain days or times that would be preferred?

We are available:  
<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
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<tr>
<td>9am-12pm</td>
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<td>1-4pm</td>
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</table>
No preference/my schedule is variable: □

Please return completed registration form to the Special Education teacher, for them to forward to the STEPS Coordinator. We will accept applications until March 1. Due to a limited number of spaces, not all students who meet eligibility requirements will be accepted into the program. **Priority will be given to those applications received early (September-December).** Participants are asked to provide a $200 un-dated cheque at their first appointment, which will be returned uncashed once they complete the program. If a family decides to withdraw during the program, the cheque will be cashed at that time.

I support my son’s/daughter’s participation in the program for the 2018-2020 school years. I agree that copies of my child’s IEP, report cards, assessment reports may be copied from the Ontario Student Record (OSR) and provided to personnel at the Regional Assessment and Resource Centre at Queen’s University.

Parent/Guardian Signature: ____________________________  Date: ____________________________
Background Information Questionnaire

The background questionnaire is generally used as part of the psychoeducational assessment and is not used to determine eligibility in the STEPS program (except in special circumstances). While it is not essential that the questionnaire be included in the original registration package, it must be completed and received by RARC before we can schedule a psychoeducational assessment for your child. If there is a long delay in scheduling the psychoeducational assessment, it may affect your child’s participation in the program.

1. Known genetic disorders or medical diagnoses: ______________________________

2. Is your child taking any medications at this time? If yes, list all medications and current dosages and length of time your child has been on the medication.

<table>
<thead>
<tr>
<th>Name of Current Medication(s)</th>
<th>Dosage</th>
<th>Since (date)</th>
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<tbody>
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</table>

3. What problems or questions have caused you to seek help for your child at this time? What would you like to gain out of your child’s participation in our program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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4. Please complete the following information regarding biological parents in the appropriate column:

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<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
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<tbody>
<tr>
<td>Age</td>
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<tr>
<td>Highest Level of Education Completed</td>
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<tr>
<td>Current Occupation</td>
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<tr>
<td>Any diagnosed learning difficulties? If so in what subjects?</td>
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<td>Any psychological or psychiatric problem for which treatment was received</td>
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<td>Any Attention Deficit Disorder?</td>
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5. If any of the following parental relationships are relevant, please circle relevant relationship and complete:

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<tr>
<th></th>
<th>Adoptive Mother/Stepmother</th>
<th>Adoptive Father/Stepfather</th>
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<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
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<tr>
<td>Highest Grade Completed</td>
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<tr>
<td>Occupation</td>
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</tbody>
</table>

6. Please complete the following information about other children in the family (including step-siblings and half-siblings):

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Living in home?</th>
<th>Social/Behavioural/Health Problems? Please list below</th>
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</table>
7. Do any extended biological family members (maternal/paternal grandparents, uncles, aunts, cousins) suffer from any of the following: inattentiveness or hyperactivity; behavior problems; learning difficulties; epilepsy; seizures; migraines; alcoholism/drug abuse; psychological, emotional or personality difficulties; depression or bipolar disorder; schizophrenia; developmental disabilities; Autism or Aspergers disorder; Anxiety or “nervousness”; congenital abnormalities; other neurological conditions etc.? If so, please list the relationship to your child, the disorder and any treatment received:

Maternal (mother’s side)  
___________________________________  __  
___________________________________  __  
___________________________________  __  
___________________________________  __  
___________________________________  __  
Paternal (father’s side)  
___________________________________  
___________________________________  
___________________________________  
___________________________________  
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___________________________________  
___________________________________  
___________________________________  

8. Please provide any additional information about your child’s extended family that might help us understand your child’s needs (medical, behavioral, psychological, educational, and emotional):

__________________________________________________________________________________________
__________________________________________________________________________________________

9. Pregnancy with this child: Length of pregnancy _____________ weeks

Any of the following complications during pregnancy with this child (check all that apply):

- ☐ Toxemia
- ☐ Emotional Problems
- ☐ Vaginal Bleeding _______ Flu
- ☐ Maternal Injury
- ☐ Anemia _______ High Blood Pressure
- ☐ Hospitalization during pregnancy (what month____________________)
- ☐ Medication during pregnancy (what?____________________________)
- ☐ Alcohol during pregnancy (frequency____________________________)
- ☐ Cigarettes during pregnancy (frequency__________________________)
- ☐ Other drugs during pregnancy (Type and frequency_________________)
- ☐ Drugs while trying to conceive (mother)
- ☐ Drugs while trying to conceive (father)
10. Birth

Length of Labor: _______ hours
Child’s Birth Weight: _______lbs. _______ozs.
Apgar Scores: __________________________
Child’s condition at birth ____________________________

Check the relevant birth details:
- Vaginal delivery
- Caesarean Section
- Breech Birth
- Delivery complications (describe __________________________)
- Incubator needed
- Breathing problems right after birth (describe __________________________)
- Supplemental oxygen (how long needed __________________________)
- Birth defects (explain __________________________)
- NICU stay (details __________________________)

11. Do you think this child’s difficulties might be related to pregnancy, labor or delivery?

☐ Yes     ☐ No  (If yes, give details __________________________)

12. Did this child have frequent ear infections as an infant?  ☐ Yes  ☐ No
If yes, did this child have ear tubes inserted surgically?  ☐ Yes  ☐ No

13. Gross Motor, fine motor, and language milestones: At what age did this child first do the following (in months)?

a. Turned Over _______

b. Sat Alone _______

c. Crawled _______

d. Stood Alone _______

e. Walked Alone _______

Fed self with spoon _______
Scribbled __________________
Understood first words _______
Spoke first words _______
Spoke in sentences _______

14. Did your child have difficulty learning how to do any of the following:

☐ Ride a bike
☐ Throw and/or catch a ball
☐ Skip, hop, jump
15. Has this child ever received Occupational Therapy?

☐ Yes  ☐ No (If yes, give details______________________________________)

16. Has this child ever received Physical Therapy?

☐ Yes  ☐ No (If yes, give details______________________________________)

17. Has this child ever received speech and/or language therapy?

☐ Yes  ☐ No (If yes, give details______________________________________)

18. Is your child left or right handed? ________________________________

19. Infancy and Early childhood: Please rate this child on the following behaviors. Check 1 if the behavior on the left was present the majority of the time and check 5 if the behavior on the right was present the majority of the time. Stages in between are represented by 2, 3, and 4.

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<thead>
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<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiet and content</td>
<td></td>
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<tr>
<td>Very easy to feed</td>
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<tr>
<td>Slept well</td>
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<tr>
<td>Usually relaxed</td>
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<tr>
<td>Underactive</td>
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<tr>
<td>Cuddly, easy to hold</td>
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<tr>
<td>Easily calmed down</td>
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<tr>
<td>Cautious and careful</td>
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<tr>
<td>Coordinated</td>
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<tr>
<td>Enjoyed eye contact</td>
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<tr>
<td>Liked People</td>
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</table>

Colicky and irritable
Daily feeding problems
Daily/frequent sleeping problems
Often restless
Overactive
Did not enjoy cuddling
Tantrums and/or head banging
Accident prone and/or daredevil
Uncoordinated
Avoided eye contact
Disliked contact with people

20. Other comments/problems regarding infancy or early childhood development (use other side if needed):

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

21. Did any event, health condition, separation etc. disturb infant/parent bonding or the developing toddler/parent relationship?

☐ Yes  ☐ No (If yes, give details______________________________________)

9
22. Who is your child’s pediatrician? (No information will be released or obtained without your written permission)

Name_______________________________   Office Phone Number________________

23. Has your child ever had a psychiatric or neurological examination?

☐Yes    ☐ No    (If yes, give details______________________________)

24. If your child is currently under psychiatric or neurological care, please give the name, address and phone number of the treating physician. (No information will be released or obtained without your written permission)

Name_______________________________   Office Phone Number________________

25. Does your child wear a hearing aid?    ☐Yes    ☐ No

26. Does your child wear glasses/contact lenses?    ☐Yes    ☐ No

27. Medical History: Please indicate whether your child has had any of the following significant illnesses/conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Comments (include meds.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatic Fever</td>
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<tr>
<td>Meningitis</td>
<td></td>
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<tr>
<td>Encephalitis</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Head Injury</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Coma or loss of consciousness</td>
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<td></td>
<td></td>
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<tr>
<td>Sustained high fever</td>
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<td></td>
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<tr>
<td>Asthma</td>
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<td></td>
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<tr>
<td>Surgery</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Allergies to food</td>
<td></td>
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<td></td>
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<tr>
<td>Allergies to medicine</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Environmental allergies</td>
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<td></td>
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<tr>
<td>Heart condition</td>
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<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
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</tbody>
</table>
28. Please indicate whether your child currently has or has had any of the following health concerns:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Comments (include meds.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal Conditions</td>
<td></td>
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<tr>
<td>Neurological Concerns</td>
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<tr>
<td>Seizures/convulsions</td>
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<tr>
<td>Speech defects</td>
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<tr>
<td>Accident prone</td>
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<td></td>
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<tr>
<td>Tics/Twitches</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bangs head</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rocks back and forth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unusual body movements</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Speech Concerns</td>
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<td></td>
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<tr>
<td>Stuttering</td>
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<tr>
<td>Unclear speech</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other speech problems</td>
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</table>

29. Please list any medication taken by your child in the past for longer than 3 months duration.

<table>
<thead>
<tr>
<th>Name of Previous Medication(s)</th>
<th>Dosage</th>
<th>From (date)</th>
<th>Until (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

30. **Educational History.** Please identify all preschools/daycares and schools your child has attended giving dates of attendance in sequential order.

<table>
<thead>
<tr>
<th>Name of Preschool/Daycare/School</th>
<th>From (date)</th>
<th>To (date)</th>
<th># Days/week</th>
<th># Hours/day</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
31. Has your child ever repeated a grade in school? □ Yes □ No
32. Has your child ever skipped a grade in school? □ Yes □ No
33. Has your child had difficulty with reading? □ Yes □ No
34. Has your child had difficulty with math? □ Yes □ No
35. Has your child had difficulty with writing/spelling? □ Yes □ No
36. Does your child like going to school? □ Yes □ No
37. Do you have concerns about the quality of your child’s school and/or teachers? □ Yes □ No
38. Has your child ever had psycho-educational testing either by your school district, special school district or by a private practitioner? □ Yes □ No
39. Is your child currently receiving any special education services? □ Yes □ No
40. Does your child receive any private tutoring outside of the regular school schedule? □ Yes □ No (If yes, give details______________________________________)

Social Interactions

41. Which of the following best describes the way your child is related to by other children?
   a. My child is very popular with his/her peers.
   b. My child is unpopular with his/her peers.
   c. My child is neither popular nor unpopular with his/her peers.

42. Which best describes the role your child takes with peer interactions:
   a. My child likes to be the leader most of the time.
   b. My child prefers follow other kids.
   c. My child can flexibly take the role of either the leader or the follower depending on the situation.

43. The following table is designed to assess your child’s ability to relate to other children.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Does your child have difficulty relating to other children?</td>
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<tr>
<td>Does your child physically fight a lot with other children?</td>
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<tr>
<td>Does your child argue a lot with other children?</td>
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<tr>
<td>Does your child prefer playing with younger children?</td>
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<tr>
<td>Does your child have difficulty making friends?</td>
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<tr>
<td>Does your child have difficulty maintaining friendships?</td>
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<tr>
<td>Does your child have a best friend?</td>
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<tr>
<td>Is your child invited to other children’s houses for play dates?</td>
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<tr>
<td>Is your child invited to birthday parties as often as you think he/she should be?</td>
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</tbody>
</table>
Are there children in your neighborhood with whom your child can play?

Does your child prefer to play alone?

Does your child have difficulty with the non-verbal rules of social interaction (e.g. turn taking, how close to stand to others)

44. Is your child enrolled in any extracurricular activities or hobbies (e.g. team or individual sports, music lessons, karate, boy/girl scouts, etc). Please list: __________________________________________________________

45. What time does your child get up? ___________________

46. What time does your child go to bed? ______________

47. Does your child have a consistent bedtime routine?  □ Yes  □ No

48. Are you concerned that your child does not get enough sleep and/or has poor sleep quality? □ Yes □ No

49. Please circle the traits/characteristics below which apply to your child now:

       Happy          Sad             Moody
       Friendly       Quiet            Overactive
       Independent    Dependant        Sensitive
       Affectionate   Fearful          Overreacts when faced with a problem
       Tantrums       Lethargic        Requires a lot of parental attention
       Too responsible Even tempered    Short attention span
       Impulsive      Angry            Lacking in self control
       Explosive      Volatile          Withholding of affection
       Thoughtful     Dreamer           Difficulty calming down
       Cooperative    Withdrawn        Easily over-stimulated

Other words you would use to describe your child: __________________________________________________________

50. Please describe any major family or parental stressors that may have impacted your child in the past or that may impact him or her now:

________________________________________________________________________________________

________________________________________________________________________________________
51. Are there any particularly traumatic or troubling events which have happened in this child’s life which I should know about in order to understand him/her better? (please give details, include incidents you feel were traumatic for this particular child, though they might not have been for another child)

52. Has your child ever witnessed violence inside or outside of the home?  □ Yes  □ No

53. Has your child ever had psychological counseling or therapy?

□ Yes  □ No  (If yes, give details______________________________________)

<table>
<thead>
<tr>
<th>Therapist Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Dates of treatment</th>
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54. Is there any additional information or anything that you feel is pertinent to know regarding your child that has not been covered in this questionnaire?
55. **Writing Sample.** Please have your child hand write a short story or ‘essay’ on a topic of his or her choices (ie. favourite sport, video game, activity, etc.). He/she may write about anything, **but it must be printed or written in cursive** (ie. not typed) on this page.