



Parent Behavioral Questionnaire

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Parents Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

1) When your child gets upset/frustrated he/she does the following: (check all that apply, mark which ones indicate increased frustration levels with a star)

- Rocking
Avoiding activity or people (isolating self)/ fleeing situation
Throwing objects
Clenching fists
Yelling
Hurting others (biting, pinching, pulling hair, kicking, punching)
Self-injurious behaviors
Breathing hard
Sweating
Crying
Clenching teeth/Grinding teeth
Pacing
Other: (please list any specific behaviors or cascading events that indicate increased frustration levels)

2) What are some of the things that make your child frustrated? What are some of the things that cause your child to become upset?

- Encroachment of personal space
Yelling
Loud noise
Contact with person who is upsetting
Being restrained
Physical force
Being isolated
Seeing/hearing other child who is upset/crying
Busy/visually stimulating environment
Being touched
Being challenged
Presented with non-preferred activities
Change in routine
Movement (ie. Swinging, being placed on a ball, feet off the ground, etc)
Separating from parent/caregiver
Other:

3) What are some SPECIFIC things that your child does NOT like? (examples would include: brushing, spinning, deep pressure, certain toys, games, songs, etc)

4) What are some routines that your child MUST follow/prefers to follow in order to not become upset? (i.e. take off shoes in certain order)

5) What are some things that motivate your child? (i.e. specific games, toys, songs, etc.)

6) What are some things that your child perseverates on (once playing with **CANNOT** transition away from)? (i.e. animals, trains, certain games, letter, etc)

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7) What are some things that help your child to calm down when he/she becomes upset? Please check those that apply.

- Deep pressure (weighted blanket, squeezes, hugs, etc)
- Swinging – Linear or Rotary (Circle those that apply)
- Bubbles
- Singing (Specific song)\_\_\_\_\_
- Toys that play music
- Playing games (specific game \_\_\_\_\_)
- Being left alone
- Music
- Other \_\_\_\_\_

8) What types of things do you use to reward your child for good behavior? (i.e. sticker, praise, toy, etc)

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9) Please describe any therapeutic techniques to control behavior:

❖ that have worked in the past

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❖ that have NOT worked in the past

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10) Please provide any additional information in regards to their behavior (positive or negative) that would be beneficial for the therapist to know.

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***If your child has a behavioral plan developed by a behavioral specialist or within their school environment, please provide Theraplay with a copy.***