

# EEG BIOFEEDBACK HOME PROGRESS QUESTIONNAIRE

For \_\_\_\_\_

Date \_\_\_\_\_

We need your feedback in order to assist your child's biofeedback program. It is important for you to observe changes as they occur and let us know about them. The changes may be small or subtle at first, but with positive reinforcement they can be nurtured. Improvements can occur in any area of life. Teachers or school counselors should also be consulted from time to time for their observations.

We ask that you fill out this form every other week or as often as you feel necessary. If the structured questions do not seem to fit your needs, write your own comments on any aspect of the program in the space provided below or on the back of this form.

1. Schoolwork:  
no change 0 1 2 3 4 5 considerable change
2. School behavior:  
no change 0 1 2 3 4 5 considerable change
3. Homework:  
no change 0 1 2 3 4 5 considerable change
4. Involvement in household chores:  
no change 0 1 2 3 4 5 considerable change
5. Personal care (hygiene, dressing, keeping room clean):  
no change 0 1 2 3 4 5 considerable change
6. Communicating:  
no change 0 1 2 3 4 5 considerable change
7. Impulsiveness/aggressiveness:  
no change 0 1 2 3 4 5 considerable change
8. Social behaviors:  
no change 0 1 2 3 4 5 considerable change
9. Self-motivating:  
no change 0 1 2 3 4 5 considerable change
10. Fidgeting, squirminess:  
no change 0 1 2 3 4 5 considerable change

Other comments:

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