

Kranz Psychological Services, PLLC

PARENT QUESTIONNAIRE

Dear Parent:

Today's Date: _____

It is the desire of our staff to have the most complete picture possible of your child in order to better understand him/her. This questionnaire will help you give us the information we need to help you and your child. Please inform office staff if you are unsure of how to answer a question.

IDENTIFICATION and DEMOGRAPHIC INFORMATION

Name of Child: _____ DOB: _____ Age: _____

Gender: _____ Race: _____ Grade: _____ School: _____

Address: _____ Phone: _____

Questionnaire completed by: _____

Relationship to the child: _____

With whom does the child live? (Circle all that apply.)

Mother: BIOLOGICAL ADOPTIVE FOSTER STEP NO

Father: BIOLOGICAL ADOPTIVE FOSTER STEP NO

Siblings: BIOLOGICAL ADOPTIVE FOSTER STEP NO

Other Adults: YES NO How Many? _____

Other Children YES NO How Many? _____

Who is the managing conservator for this child? MOTHER FATHER JOINT

If the child is in CPS care, when were they placed in your home? _____

If the child is adopted, when was the adoption final? _____

ACADEMIC FUNCTIONING

Does the child receive services at school? SPED 504 NO

Has the child repeated a grade? YES NO Which? _____

Does the child misbehave in class? YES NO

If yes, often do you receive a note, phone call, or other indication from the child's teacher/principal (such as "color changes") about problematic behaviors? _____

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FAMILY HISTORY/ADVERSE CHILDHOOD EXPERIENCES

Has anyone in the child's *biological* family experienced the following (check all that apply)?:

	MOM	DAD	EXTENDED FAMILY
Alcohol Abuse	_____	_____	_____
Drug Use	_____	_____	_____
Intellectual Disability	_____	_____	_____
Perpetrator of Abuse	_____	_____	_____
Legal Convictions	_____	_____	_____
Mental Illness	_____	_____	_____

Has the child been sexually abused? YES NO UNSURE
If yes, who was the perpetrator and when did the abuse occur? _____

Has the child been physically abused? YES NO UNSURE
If yes, who was the perpetrator and when did the abuse occur? _____

Has the child experienced neglect (emotional or physical)? YES NO UNSURE
If yes, who was the perpetrator and when did the abuse occur? _____

ATTACHMENT and DISCIPLINE IN THE HOME

Does the child talk freely to you about his/her problems? YES NO

Does the child seek comfort from a caregiver when upset? YES NO

Does the child accept comfort from a caregiver when upset? YES NO

Is the child "overly friendly" (verbally or physically) with strangers? YES NO

Does the child stay close to his/her caregiver in unfamiliar surroundings? YES NO

This child is more difficult to parent than other children I have cared for. YES NO

As a parent/caregiver, I feel overwhelmed by this child's problems. YES NO

Who most often disciplines the child? _____

What discipline is most often used? _____

What discipline works best? _____

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What discipline works least? _____

What is the child's most common reaction to being disciplined? _____

CAREGIVER'S VIEW OF THE CHILD'S PROBLEMS / STRENGTHS

Has the child used drugs or alcohol within the past six months? YES NO UNSURE

If yes, please describe: _____

List what you believe are the child's 3 main difficulties:

1. _____

2. _____

3. _____

List what you believe are the child's 3 best strengths:

1. _____

2. _____

3. _____

Briefly describe any additional information about this child you feel would be helpful in evaluating and treating him/her.
