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:	Race: Grade: School:				
Address:			P	hone:		
Questionnaire compl	leted by:					
Relationship to the c	hild:					
With whom does the	child live? (Circle	all that apply.)				
Mother:	BIOLOGICAL	ADOPTIV	E FOSTER	STEP	NO	
Father:	BIOLOGICAL	ADOPTIV	E FOSTER	STEP	NO	
Siblings:	BIOLOGICAL	ADOPTIV	E FOSTER	STEP	NO	
Other Adults:	YES	NO	How Many	?		
Other Children	YES	NO	How Many	?		
Who is the managing	g conservator for th	is child? MO	OTHER FAT	HER	JOINT	
If the child is in CPS	care, when were the	ney placed in yo	ur home?			
If the child is adopte	d, when was the ad	option final?				
	ACAD	EMIC FUNCT	IONING			
Does the child receiv	ve services at schoo	l? SP	ED 504		NO	
Has the child repeate	ed a grade?	YE	S NO		Which?	
2	chave in class? do you receive a no ipal (such as "color	· •	r other indicatio			

Does the child get along with classmates?	YES		NO		
Does the child get along with teachers?	YES		NO		
What are the child's typical grades?	А	В	С	D	F

DEVELOPMENTAL HISTORY

Please list the ages at which this child met the following developmental milestones:

Crawling:			Walking:				
Said Single Words:			Toilet Trained:				
Said 2-3 Word Sentences:			Menstruation:				
Does the child currently wet himself/herself? If yes, how often?			DAY	NIGHT	NO		
Does the child currently soil himself/herself? If yes, how often?			DAY	NIGHT	NO		
	MEI	DICAL H	ISTORY				
Were there any pregnancy complications? If yes, what type of complications?:			YES	NO	??		
After how many weeks' ges	station was the	child bo	rn?				
Did the child have to stay in If yes, why?			YES	NO	??		
Was the child exposed to: If yes, please describ	GS ALCOHOL	NONE	??				
Has the child had any hospi If yes, please describ			asons?				
Has the child had any hospi If yes, please describ			cal reasons?				
Does the child see any of th	e following he	ealth care	providers?				
Pediatrician	YES	NO	HOW OFTEN?				
Psychiatrist	YES	NO					
Counselor/Therapist	YES	NO					
What medications is the chi	ld taking?						

Does the child have concerns with vision? If other, please describe:	GLASSES	OTHER		NONE	
Does the child have concerns with hearing? AIDS OTH If other, please describe:			NONE		
What types of therapy has the child had? SPEECH OT			РТ	NONE	
TYPICAL DAILY ACTIVITIES					
How many hours of sleep does your child usually	get each night?				
Does the child appear rested in the morning?			YES	NO	
Does the child complain of nightmares often? If yes, what are the nightmares about?			YES	NO	
Does the child take a nap during the day?			YES	NO	
Does the child share a bedroom? If yes, with whom?			YES	NO	
Does this child have a good appetite?			YES	NO	
Is the child a picky eater?			YES	NO	
Does the child binge on food?			YES	NO	
Does the child vomit often?			YES	NO	
Does the child complain about his/her body weight?			YES	NO	
With what age of children does this child play <i>most</i> often? YOUNGER			OLDE	ER SAME	
What games, recreation, or hobbies does the child enjoy?					
Is the child involved in activities outside the home If yes, what? (e.g., clubs, church groups, et			YES	NO	
Is the child required to complete chores inside the home? If yes, please list chores:			YES	NO	

FAMILY HISTORY/ADVERSE CHILDHOOD EXPERIENCES

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

	MOM	DAD	EXT	ENDED	FAMIL	Y	
Alcohol Abuse Drug Use Intellectual Disability Perpetrator of Abuse Legal Convictions Mental Illness							
Has the child been set If yes, who wa	xually abused? as the perpetrat	or and wh	nen did the a	abuse occ	YES cur?	NO	UNSURE
Has the child been ph If yes, who wa	ysically abused as the perpetrat		nen did the a	abuse occ	YES cur?	NO	UNSURE
Has the child experien If yes, who wa	nced neglect (e as the perpetrat				YES eur?		UNSURE
Ĩ	ATTACHMEN	NT and D	ISCIPLIN	E IN TH	E HOM	ſE	
Does the child talk fre	eely to you abo	ut his/her	problems?			YES	NO
Does the child seek co	omfort from a	caregiver	when upset	?		YES	NO
Does the child accept	comfort from	a caregive	er when ups	et?		YES	NO
Is the child "overly fr	iendly" (verbal	lly or phy	sically) with	n stranger	rs?	YES	NO
Does the child stay cl	ose to his/her c	aregiver	in unfamilia	r surrour	dings?	YES	NO
This child is more dif	ficult to parent	than othe	er children I	have car	ed for.	YES	NO
As a parent/caregiver, I feel overwhelmed by this child's problems.			YES	NO			
Who most often disci	plines the child	!?					
What discipline is mo	ost often used?_						
What discipline work	s best?						

Vhat discipline works least?
Vhat is the child's most common reaction to being disciplined?
CAREGIVER'S VIEW OF THE CHILD'S PROBLEMS / STRENGTHS
Ias the child used drugs or alcohol within the past six months? YES NO UNSURE If yes, please describe:
ist what you believe are the child's 3 main difficulties:
·
·
ist what you believe are the child's 3 best strengths:
·
·
<u>-</u>
briefly describe any additional information about this child you feel would be helpful in valuating and treating him/her.