

Parent Questionnaire

Child's name _____ Date _____
Birthdate _____ Age _____ Gender _____

Home Address _____
Phone _____

School _____ Person filling this out _____

People living in the household:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary language spoken in the home _____

Was the child adopted? _____ If yes, at what age? _____ Do they know? _____

Briefly describe your child's difficulties: _____

How long has this been a concern? _____

When did you first notice? _____

What makes the problem better? _____

Worse? _____

Any recent changes in behavior? _____

Previous treatment, what type and by whom? _____

Any medical illnesses? _____

Medications? _____



Please circle any behavior or problem displayed by your child:

speech hearing language vision coordination making friends keeping friends won't share prefers to be alone sibling rivalry aggressive shy or timid easily tires prefers things over people danger to self or others (describe) lies steals injures self often runs away conflicts over video games low self-esteem blames others argumentative fights with other kids mood swings	unusual fears, habits, mannerisms, describe wets bed bites nails sucks thumb temper tantrums nightmares trouble sleeping rocks back and forth bangs head holds breath eats poorly restricted diet stubborn soils self too active fidgety distracts easily disorganized clumsy blank spells daydreams too much impulsive worries a lot risk-taker too many accidents fails to learn from experience feels he/she is bad slow to learn	doesn't read faces doesn't understand feelings of others trouble following directions difficulty expressing self takes drugs aches and pains disobedient seeking attention restless jealous feels hopeless nervous does not show feelings immature constant supervision needed vulnerable to peer pressure angers easily accepting criticism sad, unhappy poor attention span poor memory sets fires afraid of new situations trouble transitioning eats inedible objects not toilet trained Other concerns:



Has this child shown any of this behavior in the last three months?

Sexually provocative behavior

Fear of bathroom or bathing

Separation anxiety

Extreme school anxiety

Fear at bedtime

Won't sleep alone

Won't go to bed

Loss of bladder control

Fearful of babysitter or relative

Fearful of strangers

Fearful of a parent

Appears dazed, drugged, or groggy

Other recent problems:

Educational History

Circle any current school problems:

Reading

Math

Spelling

Writing

Other subjects

Paying attention

Sitting still

Waiting turn

Respecting others

Remembering

Getting along with teacher

Getting along with children

Dislikes school

Age starting Kindergarten? _____

Current Grade? _____

Special Education, what kind? _____

Have they been held back a grade? _____

Have they received any special tutoring or therapy in school? _____

Has school performance become worse recently? _____

Has your child missed a lot of school? _____

Developmental History

Pregnancy- Anything unexpected? _____

Birth- Was the baby born full term, did they have any difficulty? _____

Infancy and toddler years- were any developmental milestones delayed?



Medical History

Please list any significant health history including injuries, illnesses, treatments, and medications:_____

What kinds of emotional, learning, and physical health problems are in the family history?_____

Other Information

What are your child's favorite activities?_____

Least favorite?_____

Do they appear to have video game or other types of addiction?_____

How do they sleep?_____

Do they go to bed on time and get up when asked?_____

How is their diet, are they picky, do you think they eat healthy?_____

Does your child do chores, and what are they?_____

Any trouble with the law?_____



Is this child responsible with their own hygiene? _____

Can they care for a pet? _____

Is their behavior age-appropriate? _____

What do you enjoy doing with your child? _____

What are your most satisfying ways of helping this child? _____

What are your child's assets and strengths? _____

How do you discipline your child? _____

What are the effects of the discipline? _____

What prompted you to seek help for your child? _____

Anything else that would be helpful to know about this child? _____

What have been the stresses on the family, including financial, moving, illness, death, trouble with siblings, divorce? _____



Place a check next to each statement below if you would like help in that area:

Someone to talk to about my problems.
Help in dealing with problems with husband/wife.
More time to be with my child.
Information about my child's abilities.
Childcare help.
Help and information about behavior problems.
Better/more frequent therapy services for my child.
Counseling to help me cope with the situation.
More information about how I can help my child.
Help with sibling rivalry/jealousy of siblings.
More information about nutrition.
Special Equipment.
Friends who have a child like mine.
More time for myself.
More time to be with my spouse or friends.

What else would you like help with?

