

PARENT QUESTIONNAIRE

Identifying Information

Client's Name: _____ Today's Date: _____

Age: _____ Grade: _____ School: _____

Who referred you: _____ Person completing questionnaire: _____

Current Concerns

Describe the reason(s) for making this appointment: _____

How long have you had these concerns? _____

What have you tried thus far to help with these difficulties? _____

List recent stressful events you child has encountered: _____

What would you like to see happen as a result of visiting this office? _____

Family History

Who does the child live with? (Names & ages) _____

Are your child's parents divorced? ___ Yes ___ No If Yes, what was age at time of divorce? _____

List and medical, psychiatric or alcohol and drug issues that run in your family: _____

List and family issues or conflicts: _____

Social and Developmental History

Were there any problems with the pregnancy and delivery of your child? ___ Yes ___ No

If yes, describe: _____

Did your child experience any delay(s) in development of motor skills or language milestones? ___ Yes ___ No

If yes, describe: _____

Has your child participated in special education services or programming, or repeated a grade? ___ Yes ___ No

If yes, describe: _____

Describe your child's grades in school: _____

Has your child had problems with disruptive/aggressive behavior? ___ Yes ___ No

If yes, describe: _____

Has your child had problems with inattention/overactivity? ___ Yes ___ No

If yes, describe: _____

Has any Child Protection Agency ever been involved with your family? ___ Yes ___ No

If yes, describe: _____

Has your child ever been placed out of the home for any reason? ___ Yes ___ No

If yes, describe: _____

Does your child have a history of being the victim of physical, verbal or sexual abuse? ___ Yes ___ No

If yes, describe: _____

Does your child have a history of being involved with court/probation? ___ Yes ___ No

If yes, describe: _____

Does your child have cultural, ethnic, or religious convictions that may impact treatment? ___ Yes ___ No

If yes, describe: _____

Describe your child's relationships with friends: _____

Describe your child's relationships with teachers: _____

Describe your child's relationships with family: _____

Describe your child's strengths: _____