

## PARENT QUESTIONNAIRE

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) name \_\_\_\_\_

### **Presenting Concerns**

1. What are your primary reasons for seeking professional consultation at this time?

2. Has your child received medical or psychological help previously? Please list professionals consulted and treatment received

3. Are your concerns related to your child's academic performance or underachievement? If so, please list any consultation, evaluation, or remediation previously attempted (e.g. school testing, special programs, tutoring, strategies used at home):

## Family

Parents:

Parent 1 Name \_\_\_\_\_ Age \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Age \_\_\_\_\_

4. Parents' status and relationship: (living/deceased? married or partnered? years married? divorced? re-married?).  
Briefly describe:

5. Living situation: (who lives at home? custody arrangements?)

6. Siblings/Step-Siblings Names and Ages (indicate whether sibling or step-sibling)

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

## Developmental and Medical History

7. Please list and briefly describe any significant developmental delays (e.g. walking, talking, toilet training, tolerance of separation, reading, etc.):

8. Please list and describe any infant or childhood illnesses/medical procedures beyond the normal:

## Emotional and Behavioral History

9. Think about your child's entire life when answering the questions below. If you answer YES to any of the following, please give her/his age when the incidents first occurred, and the age when the incidents stopped. If they are still continuing, please indicate that.

	Circle one	Age when began	Age
when stopped			
Has your child ever had periods in which eating habits changed drastically (i.e. not eating enough, or excessively over eating) _____	YES   NO	_____	
Have there been times after early childhood when your child has wet the bed? _____	YES   NO	_____	
Has your child had periods when he/she lost or gained a lot of weight (other than being on a special diet)? _____	YES   NO	_____	
Has your child had periods when he/she has been exceptionally anxious or nervous for several weeks or longer without knowing why? _____	YES   NO	_____	
Have there been numerous times when your child has had great difficulty getting to sleep or staying asleep? _____	YES   NO	_____	
Have there been long periods in which he/she has been Shy, lacking in self confidence, and reluctant to participate in activities? _____	YES   NO	_____	
Have there been long periods in which your child cried a lot? _____	YES   NO	_____	
Have there been times when she/he has been depressed for weeks or longer? _____	YES   NO	_____	
Have there been periods in which he/she withdrew from people and wanted to be alone? _____	YES   NO	_____	

Has he/she ever seriously spoken of ending his/her life?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Has she/he ever made a suicide attempt (even if only  
to get attention)?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Have there been long periods in which your child was  
restless and over-active?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Have there been times when your child has had severe  
temper tantrums?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Have there been extended periods when she/he has been  
hostile, aggressive, defiant, or belligerent?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Has your child ever engaged in destructive acts,  
such as setting fires, damaging property, throwing  
objects in the house, etc.?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Have there been times when she/he got into fist fights  
regularly?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Have there been periods when he/she engaged in behaviors  
such as stealing, cheating, or lying?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Have your child ever exhibited a pattern of cruelty, either  
to animals or to other children?  
\_\_\_\_\_ YES NO \_\_\_\_\_

Has you child ever exhibited more than a normal level  
of curiosity or interest in sexual matters?  
\_\_\_\_\_ YES NO \_\_\_\_\_

10. Are there any other noteworthy emotional or behavioral problems that your child has displayed. Please note your child's age at the time.

11. Please describe your child's "personality" and temperament as an infant and young child (e.g. happy, social, curious, fearless, timid, etc):

12. Please describe any noteworthy changes in your child's personality or temperament in recent years:

13. In a few words, please describe how your child has handled each of the following experiences in the past. If he or she handles these situations differently in the present, please note how their behavior has changed.

Separation (e.g. beginning kindergarten; summer camp; sleep-overs):

Limits and discipline:

Relationships with peers:

His/her own anger:

Boredom:

Competition:

Frustration:

Loss (e.g. loss of a pet; death of a grandparent):

Stress:

Conflict between parents:

14. What do you consider to be your child's greatest strengths?

15. What do you like most about your child?

16. What do you consider to be your child's liabilities and shortcomings:

17. What do you dislike most about your child?

## **Family Background**

18. Please list and describe any significant events or periods in your family's history (e.g. deaths, illnesses of family or extended family members, moves, business or financial crises, legal difficulties, significant marital stress or separation):

19. Please list and describe any and all family history (immediate and extended family) of emotional, psychological, or behavioral difficulties (anxiety, depression, stress reactions, psychological/psychiatric disorders, chemical dependency, other addictions, anger management, physical or sexual abuse, etc.). Also note any treatment received (psychotherapy, medications, treatment programs, etc.):

## **Educational History**

20. How did your child adjust when first entering school?

21. Has your child changed schools (other than required transitions)? If so, please explain why.

22. What are your child's usual grades? (circle one): A A&B B&C C&D D&F F

23. Has there been a change in achievement in the last year or two? If so, please describe.

24. What subject(s) does your child do best in?

25. What subject(s) does your child do worst in?

26. How would you describe your family's expectations and values concerning education and school performance?