



**CHILD & ADOLESCENT QUESTIONNAIRE
(CONFIDENTIAL)**

The purpose of this questionnaire is to obtain a comprehensive picture of your current circumstances. Your answers to these questions, as fully and accurately as possible, will facilitate the initial evaluation and make better use of our time. If there are questions on this form that you cannot, or do not wish to answer, feel free to leave them blank.

Child's full name (please print clearly)

Date of birth:

Your name:

Relation to child

Please list the problem(s) with which you want help:

1. _____

How long has this been a problem? _____

2. _____

How long has this been a problem? _____

3. _____

How long has this been a problem? _____

Has your child had previous counseling or other psychological treatment(s)? Yes No

If so, what type of treatment(s)? Where and when was this received? For what problems?

Was the previous counseling or other psychological treatment(s) helpful? Yes No

-

What strategies have been used at home to address these problems?

- | | |
|--|--|
| <input type="checkbox"/> Verbal reprimands | <input type="checkbox"/> Rewards |
| <input type="checkbox"/> Time out | <input type="checkbox"/> Removal of privileges |
| <input type="checkbox"/> Physical punishment | <input type="checkbox"/> Giving in |
| <input type="checkbox"/> Avoiding the child | <input type="checkbox"/> Communication |

Have any of these been successful? To what extent? _____

I (we) have arguments with our child approximately:

- Once a month or less
- Twice a month
- Once a week
- More than once a week
- Once or more per day

Over which of the following issues (if any) do you have regular conflict?

- | | | |
|---|---|--|
| <input type="checkbox"/> Room cleaning | <input type="checkbox"/> Household chores | <input type="checkbox"/> Curfew |
| <input type="checkbox"/> Clothes/Appearance | <input type="checkbox"/> Music | <input type="checkbox"/> Choice of friends |
| <input type="checkbox"/> Dating relationships | <input type="checkbox"/> Other _____ | |

Do you consider yourself (and spouse) consistent in your disciplining?

- Most of the time
- Some of the time
- None of the time

Do you and your spouse have any consistent differences in your approach to discipline or expectations of your child?

- Yes No Not applicable

FAMILY INFORMATION

Please list all persons currently living in your home:

Name	Age	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any primary members (brothers, sisters, natural parents) not currently living in the home:

Name	Age	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any previous counseling, or other psychological services, received by family members:

Briefly describe your child's relationship with other members of the household:

Check all that apply and indicate the date of the event:

- Child was adopted _____
- Child is a foster child _____
- Parents are separated _____
- Parents are divorced _____
- Mother is deceased _____
- Father is deceased _____

MEDICAL HISTORY

Pregnancy: Age of mother at child's birth _____ Full term Premature
Complications: _____

Newborn: Complications: _____

Development: At what age did your child:
Crawl _____
Walk alone _____
Speak single words _____
String two or more words together _____
Toilet trained _____
Attend pre-school _____
Attend kindergarten _____

Has your child had any of the following?

- Head injury What age? _____ Loss of consciousness? _____
- Surgery What age? _____ For what? _____
- Broken bones What age? _____ Describe: _____
- Severe injury What age? _____ Describe: _____

ACADEMIC HISTORY

School currently attending: _____

Grades (check all that apply):

- Most recent report card: A's B's C's D's F's
Typical grade performance: A's B's C's D's F's

Please summarize the child's progress (academic and social) within each of the following grade levels:

Preschool / Kindergarten: _____

Grades 1-3: _____

Grades 4-5: _____

Grades 6-8: _____

Grades 9-12: _____

Has your child ever had an individual, educational assessment? Yes No

If yes, where, when and what were the results? _____

Check any of the following learning problems that have been identified:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> LD Reading |
| <input type="checkbox"/> LD Reading | <input type="checkbox"/> LD Math |
| <input type="checkbox"/> LD Written Expression | <input type="checkbox"/> Other _____ |

Has your child ever been in any type of special education program? If so, please describe: _____

School behavior (check all that apply - if yes, please indicate when):

- | | |
|---|---|
| <input type="checkbox"/> Oppositional _____ | <input type="checkbox"/> Disrupt class _____ |
| <input type="checkbox"/> Inattentive _____ | <input type="checkbox"/> Refuse to go to school _____ |
| <input type="checkbox"/> Fail to turn in work _____ | <input type="checkbox"/> Disorganized _____ |
| <input type="checkbox"/> Detention _____ | <input type="checkbox"/> In-school suspension _____ |
| <input type="checkbox"/> Out of school suspension _____ | <input type="checkbox"/> Expelled from school _____ |
| <input type="checkbox"/> Other _____ | |

SOCIAL HISTORY

How well does your child get along with his/her brother(s) and/or sister(s): _____

How easily does he/she make friends? Better than average Average Worse than average

Does your child have a best friend? _____ Friends how long? _____

On average, how long does your child keep friendships?

Less than 6 months

1 year

More than a year

MISCELLANEOUS

Please list any major changes in your child's life over the past five years: _____

Is there anything else you want me to know about your child? _____
