Norwood Psychological Group

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Dear Parent/Guardian,
We would appreciate your help in completing the Parent Information Form. Information on this form will be treated in a confidential manner. The information you provide is valuable to us and will help us to work more effectively with your child. If you are not comfortable providing information on a particular topic in writing, please indicate that you would prefer to discuss the topic in person. After completing the form, please return it to school. Thank you!

Parent Information Form

Child Full Name: _____ Date of Birth: _____

Address: _____
Street Address

_____
City *State* *Zip*

School: _____ Grade: _____

Mother's Name: _____ Occupation _____

Work Phone: _____ Cell Phone _____ Home Phone: _____

Father's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone _____ Home Phone _____

Email Address:_____

Parents are: ___Married ___Divorced ___Seperated ___Single ___Widowed

Child lives with: ___Both Parents ___Mother ___Father ___Guardian ___Other:_____

If parents are separated/divorced, what year did the separation occur? _____

Does the child have contact with the non-custodial parent? ___YES ___NO If yes, how often? _____

Is child adopted? _____ If yes, age at adoption? _____ Is child aware of adoption? ___YES ___NO

Primary language spoken at home? _____

Highest level of education attained by Mother? _____ By Father? _____

Has the child ever been in foster care or lived with another adult (i.e., guardian, grandparent, etc)? ___YES ___NO

If yes, what was the age of the child and the duration of the alternative living situation?

_____

_____

Please list all individuals that live in the home, their age and their relationship with the child		
Name	Age	(Relationship (e.g., mother, father, stepmother, stepfather, sister, brother, aunt, grandparent, step-sibling, friend)

If any brothers or sisters are living outside the home, please list their names and ages.	
Name	Age

Developmental/Medical History

Describe any unusual conditions associated with the pregnancy (e.g., toxemia, high blood pressure, medication prescribed, substance abuse) _____

_____

Was Child Premature? ___YES ___NO If yes, by how many months? _____ Birth Weight: _____

Delivery: ___Normal ___Breech ___Cesarean Section

Describe any abnormal circumstances regarding delivery:_____

_____

_____

_____

Describe child's condition at birth: _____

_____

_____

_____

Were any of the following experienced before the child's second birthday?

☐ Feeding Problems ☐ Convulsions ☐ High Fever ☐ Head Injury ☐ Serious Accidents

☐ Colic ☐ Fainting ☐ Ear Infections ☐ Sleeping Difficulties ☐ Frequent Minor Injuries

Please give any additional information in any item checked above: _____

_____

_____

_____

At what age did each of the following behaviors first occur?

_____ Said first word _____ Tied shoes _____ Walked alone

_____ Dressed self _____ Toilet trained (day) _____ Crawled

_____ Sat alone _____ Toilet trained (night)

_____Crawled _____ Speech was clearly understood by others (not family)

List any injuries and ages at which occurred: _____

_____

List any hospitalizations and ages at which occurred: _____

_____

Describe any medical problems and the outcome: _____

_____

_____

If child is currently receiving special medical treatment or medication, please explain: _____

_____

List current medications: _____

_____

Please rate your child's energy and activity level: ___Low ___Average ___Above Average

Does your child have specific limitations which should be known to school personnel? ___YES ___NO

If yes, please explain _____

_____

_____

Educational Background

List any preschool experience prior to entering kindergarten:

_____

_____

Were there any teacher reports of learning, behavior or separation problems in preschool? ___YES ___NO

If yes, please describe: _____

_____

_____

Please list any schools attended prior to present school and give approximate dates of attendance:

_____

_____

List any subjects that are especially difficult for your child:

_____

_____

How would you describe your child's school experience?

_____

_____

Do you see your child as having a behavior and/or learning problem at school? ___YES ___NO

If yes, please describe_____

_____

Family Relationships

Describe the child's relationship

With Mother: _____

With Father: _____

With Stepmother (if present): _____

With Stepfather (if present): _____

Describe child's relationship with brothers and/or sisters:

_____

_____

Describe child's relationship with neighborhood children

_____

_____

Does your child typically seek out older, younger, or same-aged children for friends?

_____

_____

How would you describe your family life? Happy, Relaxed, Tense, Unhappy, Chaotic, Argumentative, Unstructured, Structured, Routine Bound, Other_____

_____

_____

What activities do family members enjoy doing together? _____

_____

Describe any circumstances which may have been stressful for your child and/or family members (e.g., divorce, death, financial stress, drug/alcohol abuse, etc.) _____

Has any family member experienced emotional problems? _____

Social/Emotional Development

What pleases you the most about your child? _____

List any activities in which your child is involved (e.g., sports, clubs, church)_____

What concerns you most about your child? _____

Has your child ever appeared depressed or spoken of suicide? ___YES ___NO

If yes, please describe the actions taken to help your child _____

Has your child ever been involved in counseling or received a psychological evaluation? ___YES ___NO

If yes, please list approximate dates and results_____

Does your child experience any of the following?

- ☐ Difficulty falling asleep
- ☐ Interrupted sleep
- ☐ Bedwetting
- ☐ Difficulty waking up in a.m.
- ☐ Needs too much or too little sleep
- ☐ Nightmares
- ☐ Snore loudly in sleep
- ☐ Gasp, choke, snort in sleep
- ☐ Stop breathing during sleep
- ☐ Seems tired or falls asleep during daytime

If yes, please describe _____

Please check all of the following characteristics that best describe your child

- ☐ Overly sensitive
- ☐ Continuously tired
- ☐ Enthusiastic about learning
- ☐ Overactive
- ☐ Frequently angry
- ☐ Quarrelsome
- ☐ Sad or depressed
- ☐ Impulsive
- ☐ Destructive
- ☐ Poor self-image
- ☐ Temper outbursts
- ☐ Positive self-image
- ☐ Lies frequently
- ☐ Defiant
- ☐ Respects rights of others
- ☐ Complains of illness
- ☐ Unafraid of authority
- ☐ Lacks confidence
- ☐ Easily frustrated
- ☐ Usually cooperative
- ☐ Often uncooperative
- ☐ Shy
- ☐ Withdrawn socially
- ☐ Daydreams
- ☐ Nervous, tense
- ☐ Talks of suicide/death
- ☐ Aggressive
- ☐ Has numerous fears
- ☐ A leader
- ☐ A follower
- ☐ Usually calm
- ☐ Demands attention
- ☐ Often preoccupied
- ☐ Steals
- ☐ Sympathetic to others
- ☐ Poor work habits
- ☐ Poor concentration
- ☐ Has few friends
- ☐ Often teased by others
- ☐ Relates well to peers
- ☐ Cruel to animals
- ☐ Affectionate
- ☐ Prone to crying episodes
- ☐ Usually honest
- ☐ Problem with bedwetting
- ☐ Threaten others
- ☐ Resists affection
- ☐ Worries often
- ☐ Has set fires
- ☐ Distractible

In what ways can school personnel be most helpful with your child? _____

_____

_____

_____

_____

Name of person competing this form _____ Date _____

Relation to child _____