

PARENT QUESTIONNAIRE

PARENT Name: _____

Client Child/Adolescent Name: _____ DOB: _____

Age: _____

MAIN CONCERN you have about your child: _____

How long have you had this concern? _____

When is this LESS of a concern? _____

When is it MORE of a concern? _____

What would you like to see happen? _____

BARRIERS you see for change/improvement to happen: _____

Your Child's STRENGTHS? _____

What have you already tried to help your child? _____

DEVELOPMENTAL INFORMATION about your child:

PREGNANCY:

___ Normal/Routine _____

___ Problematic _____

FETAL HEALTH (prior to birth): Include your child's exposure to substances during pregnancy. Include amounts, frequency and duration.

___ Alcohol _____

___ Cannabis _____

___ Illicit Drugs _____

___ Tobacco _____

___ Caffeine _____

___ Prescription medications _____

GESTATION: Born at ___ weeks Came home at ___ days/weeks

BIRTH: ___ Routine Delivery ___ Without complications ___ With complications: _____

DEVELOPMENTAL HISTORY

Milestones, at what age anything of note:

Sat Up _____

Pulled up _____

Crawled _____

Walked _____

Off Bottle _____

Fed Self _____

Toilet Training _____

Spoke first word _____

Spoke in sentences _____

Did your child experience any MAJOR DISRUPTIONS in his/her life (e.g. major illnesses, hospital stays, separations from caregivers, etc.)? _____

Has your child been abused in any way or do you suspect that? Please explain, _____

Has the abuse been reported? Please explain, _____

How did your child adapt to going to school? _____

Anything remarkable about your child's:

RELATIONSHIP WITH SIBLINGS? _____

Response to DAYCARE? _____

DISCIPLINE ISSUES? _____

SCHOOL PERFORMANCE? _____

RELATIONSHIP W/ PEERS? _____

School Name: _____ **Grade Level:** _____

Does your child have any major HEALTH CONDITIONS? _____

On MEDICATIONS? _____

Does your child have any ALLERGIES (e.g. medications, food, animals etc.)? _____

Anything else you believe is important for me to know about your child? (e.g. history of physical/sexual/emotional abuse, witness to domestic violence, accidents etc.) _____

Parent Signature

Date