

CHILD AND ADOLESCENT PARENTAL QUESTIONNAIRE

Name: _____ DOB _____ Grade: _____

School: _____ School _____
Contact Person: _____

Family

1) _____
Parent Name Home Phone Work Phone

2) Members of Household (everyone living in the home)

Name	Age	Occupation	Relationship to Client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3) Client current lives with (circle one)

Birth parents Stepparent Adoptive family Foster family

Other (describe) _____

4) Ever lived more than one month with someone other than current caretakers (circle one)

Yes No

If yes, please describe _____

Client's Name: _____

Account # _____

School (circle one)

- | | | | |
|----|--|-----|----|
| 1) | Retained in a grade: | Yes | No |
| 2) | Ever suspended: | Yes | No |
| 3) | Ever needed special education: | Yes | No |
| 5) | Do you have any concerns that your child might have a learning disability: | Yes | No |

Legal

- | | | | |
|----|---|-----|----|
| 1) | Any past history of legal charges | Yes | No |
| 2) | If currently on probation, name of probation officer: _____ | | |

Family Medical History Please circle any that apply and note relationship to client

Serious Illness _____

Learning Disability _____

School Problems _____

Temper outbursts _____

Problems with the law _____

Developmental History

- | | | | |
|----|--|-----|----|
| 1) | Any complications with pregnancy or delivery | Yes | No |
| | If yes, please describe _____ | | |
| | _____ | | |
| | _____ | | |

Client's Name: _____

Account # _____

2) Milestones – anything unusual about client milestones Yes No

If yes, please describe _____

3) Any language/hearing problems Yes No

If yes, please describe _____

4) Any developmental delays Yes No

If yes, please describe _____

Interests

1) Special skills or talents _____

2) Special interests, sports, or hobbies _____

Completed by: _____
(please circle: Parent or Legal Guardian)

Date _____

Reviewed by: _____
(Clinician Signature)

Date: _____

Client's Name: _____

Account # _____