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CLINICAL PSYCHOLOGY • NEUROPSYCHOLOGY • FORENSIC CONSULTATION

Child Assessment Questionnaire for Parents

Today's Date: _____

Child's Name: _____ Child's Date of Birth: _____

Child's Age: _____ Child's Gender: _____

Name of person filling out this form: _____

Relationship to child: _____

Child's School (include address & phone number): _____

Child's Grade: _____ Teacher: _____

Child's Pediatrician: _____

Presenting Problem:

Please describe your reasons for seeking an evaluation of your child: _____

_____

Please describe the problems you have observed: _____

_____

When did you first notice these problems? _____

_____

Does your child perceive himself or herself to have this problem? _____

_____

Prior assessments and/or treatment:

Describe and give dates of previous evaluations of your child, including results of those evaluations:

_____

Describe and give dates of current or past psychological treatment or counseling: _____

_____

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Family History:

Parent's name: _____ Parent's Age: _____

Parent's Occupation: _____

Parent's Name: _____ Parent's Age: _____

Parent's Occupation: _____

Parents are:
- ☐ married and living together
- ☐ Not married; living together
- ☐ Living separately
- ☐ Divorced
- ☐ Mother deceased
- ☐ Father deceased

If parents do not live together:

How does the child split his/her time between the households? _____

_____

Custody status: Legal: _____ Physical: _____

Siblings:

Please provide the name and ages of your child's siblings: _____

_____

how does your child get along with his/her brothers and sisters? _____

_____

Is there any history of learning difficulties, developmental delays or disorders, or psychiatric problems in the family: If yes, please describe: _____

_____

Has your child or the family experienced any highly stressful events that have impacted his or her functioning or well-being? _____

_____

Prenatal & Birth history:

Did mother have any medical conditions and/or complications during pregnancy or birth? If yes, please describe: _____

_____

Was child born prematurely: _____ Birth weight: _____

Any conditions at birth, in Mother, Child or both? _____

_____

Early Development:

Child's level of activity as an infant: _____

Was the child:

Easy to console?	☐ Yes ☐ No
Able to play by themselves?	☐ Yes ☐ No
Have regular daily routines (ex. sleeping at night, naps, needing to be fed)?	☐ Yes ☐ No
Interested in other people?	☐ Yes ☐ No
Demonstrate unusual behaviors?	☐ Yes ☐ No

At what age did the child walk? _____

At what age did the child speak first words? _____ Put sentences together? _____

At what age was your child toilet trained? _____

Was there any difficulty toilet training your child? ☐ Yes ☐ No

Medical history:

Does your child have any ongoing medical problems? If so, please describe: ☐ Yes ☐ No

_____

Has your child experienced any significant medical problems in the past? ☐ Yes ☐ No

Does your child take any medication on a regular basis? If so, which one(s): ☐ Yes ☐ No

_____

Does your child have any known allergies? ☐ Yes ☐ No

_____

School history:

Has your child received any special education services? If so, please describe: ☐ Yes ☐ No

Has your child received any speech and language services? If so, please describe: ☐ Yes ☐ No

What does your child do well at school? _____

What does your child do poorly at school? _____

Please describe your child's grades in school: _____

Has your child had any behavioral problems at school? If so, please describe: ☐ Yes ☐ No

How does your child get along with other students? _____

How does your child get along with teachers? _____

Developmental concerns/issues:

Please rate your child in the following areas:

	Slow	Average	Fast
Physical development	☐	☐	☐
Language development	☐	☐	☐
Intellectual development	☐	☐	☐
Social development	☐	☐	☐
Emotional development	☐	☐	☐

Temperament:

Please indicate with a number (0-4) the extent to which each of the following phrases describes your child currently and during infancy:

0 = never applies
1= rarely applies
2= sometimes applies
3= often applies
4= always applies

	currently	infancy
❑ Extremely active, always on the go		
❑ Runs on an even schedule, easily predictable		
❑ Cheerful, mostly in a good mood		

	currently	infancy
❑ Has a long attention span		
❑ Is easily distractible		
❑ Over-reacts to small things		
❑ Adjusts well to new situation or people		

Social development:

Does your child seek friendships with peers?	☐ Yes	☐ No
Do other children seek out your child for friendship?	☐ Yes	☐ No
Does your child have a best friend?	☐ Yes	☐ No

Please provide any additional information you think would be helpful for this evaluation: