

CHILD INFORMATION QUESTIONNAIRE

Child's Name: _____

Sex: Male/Female

Date of Birth: _____

Age: _____

Person completing this form:

Mother _____

Father _____

Currently this child:

Lives with me and my spouse in the same household _____

Lives with me _____ days per week/month

Lives with other parent _____ days per week/month

Other (please explain) _____

School, Friendships and Social Life

What grade is your child in at school this year? _____

School or pre-school your child attends: _____

Name of your child's teacher(s): _____

How many different schools has your child attended? _____

Child's academic performance in the past 12 month's has been:

Outstanding _____

Above average _____

Average _____

Below average _____

Has there been a change in your child's academic performance in the past 12 months?

Yes/No If yes, please explain: _____

How does your child seem to feel about school?

Seems to love school _____

Likes it ok _____

Doesn't like school _____

Does your child participate in extra-curricular activities?

Yes/No If yes, please describe: _____

Roughly how many friends does your child have?

None _____

One _____

2-4 _____

5-7 _____

More than 7 _____

Does your child have a special or best friend? Yes/No

Please describe how your child is most likely to spend his/her leisure time: _____

If you had to select one thing about your child, what personal activity, accomplishment, event, skill, etc., are you proudest of in your child's life? _____

Child's Temperament and Coping Styles

In the past year, has this child had a loss of a loved one (relative, care-giver, friend, beloved pet, etc.) either through death, extended separation, moving away or other circumstances? Yes/No If yes, please explain: _____

How does your child deal with changes (i.e., new schools, babysitters, friends, new schedules)? _____

What helps him/her? _____

How does your child deal with separating from you? _____

What helps him/her? _____

Has your child ever had any of the following problems?

Temper tantrums

Rejected or made fun of by peers

Bullied or manipulated by peers

Shyness

Nightmares

Bedwetting or soiling at night

Trouble making friends

Aggressive, picking fights

Serious discipline problems at school

Cruel or malicious to other children or animals

Delinquent acts such as window breaking, shoplifting, etc.

Argues a lot

Acts young for his/her age

Cannot concentrate

Cannot sit still, is restless, or hyperactive

Complains of loneliness

Seems sad, unhappy, depressed

Not sleeping well, eating too much

Harms self deliberately, suicidal thoughts

Fearful or extremely timid

Refuses to go to school

Clings to parents or caregivers

Destroys or abuses own property or that of others

Gets hurt a lot, accident-prone

Physical problems without known medical causes:

Headaches _____ Nausea, vomiting _____ Aches/pains _____

Rashes, skin problems _____ Stomachaches _____

Use of drugs (non-prescription) or alcohol _____

Dramatic difficulties with changes in routines, schedules

Child's Perceptions/Reactions to Separation/Divorce

What is your child's reaction to the circumstances surrounding your separation/divorce?

What, if anything, have you told your child about the situation?

Does your child ask questions or talk about the separation or divorce? Yes/No If yes, what does your child seem most concerned about?

How do you think a separation or divorce will affect this child?

In what ways might he/she benefit from his/her parents separation or divorce?

Siblings, Relatives and Family Friends

Does this child have sisters and/or brothers? Yes/No

Do you have any worries or concerns about this child's relationships with his/her siblings? Yes/No If yes, please explain:

Please list other relatives and family friends who are especially important in this child's life:

What do you feel is important for us to know about this child's relationships with siblings, extended family members or special family friends?

Parent-Child Relationship

What are your strengths as a parent?

What are your weaknesses as a parent?

How do you think the child's other parent would describe their strengths?

How do you think the child's other parent would describe their weaknesses?

What, if any, major disagreements have you had with this child's other parent regarding child-rearing and parenting?

What has been the most enjoyable time for you with this child?

What has been the most challenging for you with this child?

What do you find most satisfying about parenting this child?

List three hopes and/or dreams you have for this child:
