

Parent Questionnaire

Student's Full Name

First

Middle

Last

DOB _____ Place of Birth _____

Gender M F

Address of Primary Residence _____

City _____ State _____ zip _____

Phone# _____ Cell _____

Was child adopted? Y N Age of adoption _____

Emergency Contact Information

Name _____

Address _____

Home phone _____ Work _____

Relationship _____

Mother's Full Name

First Middle Last

Marital Status: Married _____ Separated _____ Divorced _____ Widow _____

Address

City _____ State _____ zip _____

Phone # _____ Work _____ Cell _____

Employer _____ Occupation _____

Email _____

Email _____

Father's Full Name

First Middle Last

Marital status Married _____ Separated _____ Divorced _____ Widow _____

Address

City _____ State _____ zip _____

Phone # _____ Work _____ Cell _____

Employer _____ Occupation _____

Email _____

Who has legal custody? _____ Physical custody? _____

Names of Step Parents _____

Other legal guardian _____

Relationship to child _____

List names and ages of siblings:

Is child currently on medication? Y N

Please list what and for how long _____

List other professionals (psychologists, psychiatrists, counselors) who are currently working with child.

Name _____

Date of Service: From _____ To _____

Nature of Service _____

Any psychological testing completed Y N

Please list all outside placements from the home in chronological order.

Last school attended _____

City _____ State _____

Highest grade completed _____

Any physical considerations/limitations? _____

Spiritual preferences/considerations? _____

Any family history of mental illness? Y N

If yes please describe: _____

Personal History

Please check if your child has experienced any of the following and state age.

- ADD/ADHD
- Arrests
- Behavior problems
- Depression
- Drug or alcohol abuse
- Eating Disorders
- Emotional Problems
- Fire Setting
- Incarceration
- Juvenile Probation
- Learning Difficulties
- Physical Abuse
- Physical Handicaps
- Placements out of home
- Promiscuity
- Running Away
- Serious Medical Problems
- Significant Losses (death, divorce)
- Suicidal Gestures
- Self harm
- Violent behavior