

# Kranz Psychological Services, PLLC

## PARENT QUESTIONNAIRE

Dear Parent:

Today's Date: \_\_\_\_\_

It is the desire of our staff to have the most complete picture possible of your child in order to better understand him/her. This questionnaire will help you give us the information we need to help you and your child. Please inform office staff if you are unsure of how to answer a question.

### IDENTIFICATION and DEMOGRAPHIC INFORMATION

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Questionnaire completed by: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

With whom does the child live? (Circle all that apply.)

Mother:            BIOLOGICAL            ADOPTIVE    FOSTER            STEP            NO

Father:            BIOLOGICAL            ADOPTIVE    FOSTER            STEP            NO

Siblings:            BIOLOGICAL            ADOPTIVE    FOSTER            STEP            NO

Other Adults:            YES                            NO                            How Many? \_\_\_\_\_

Other Children            YES                            NO                            How Many? \_\_\_\_\_

Who is the managing conservator for this child?    MOTHER            FATHER            JOINT

If the child is in CPS care, when were they placed in your home? \_\_\_\_\_

If the child is adopted, when was the adoption final? \_\_\_\_\_

### ACADEMIC FUNCTIONING

Does the child receive services at school?            SPED            504            NO

Has the child repeated a grade?            YES            NO            Which? \_\_\_\_\_

Does the child misbehave in class?            YES            NO

If yes, often do you receive a note, phone call, or other indication from the child's teacher/principal (such as "color changes") about problematic behaviors? \_\_\_\_\_

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Does the child get along with classmates?            YES            NO  
Does the child get along with teachers?            YES            NO  
What are the child's typical grades?            A      B      C      D      F

## DEVELOPMENTAL HISTORY

Please list the ages at which this child met the following developmental milestones:

Crawling: \_\_\_\_\_ Walking: \_\_\_\_\_  
Said Single Words: \_\_\_\_\_ Toilet Trained: \_\_\_\_\_  
Said 2-3 Word Sentences: \_\_\_\_\_ Menstruation: \_\_\_\_\_

Does the child currently wet himself/herself?            DAY            NIGHT            NO  
If yes, how often? \_\_\_\_\_

Does the child currently soil himself/herself?            DAY            NIGHT            NO  
If yes, how often? \_\_\_\_\_

## MEDICAL HISTORY

Were there any pregnancy complications?            YES            NO            ??  
If yes, what type of complications?: \_\_\_\_\_

After how many weeks' gestation was the child born? \_\_\_\_\_

Did the child have to stay in the NICU after birth?            YES            NO            ??  
If yes, why? \_\_\_\_\_

During the pregnancy, was the child exposed to:    DRUGS    ALCOHOL    NONE    ??  
If yes, please describe: \_\_\_\_\_

Has the child had any hospital stays for medical reasons?  
If yes, please describe: \_\_\_\_\_

Has the child had any hospital stays for psychological reasons?  
If yes, please describe: \_\_\_\_\_

Does the child see any of the following health care providers?

Pediatrician	YES	NO	HOW OFTEN?	_____
Psychiatrist	YES	NO	HOW OFTEN?	_____
Counselor/Therapist	YES	NO	HOW OFTEN?	_____

What medications is the child taking? \_\_\_\_\_



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## FAMILY HISTORY/ADVERSE CHILDHOOD EXPERIENCES

Has anyone in the child's *biological* family experienced the following (check all that apply)?:

	MOM	DAD	EXTENDED FAMILY
Alcohol Abuse	_____	_____	_____
Drug Use	_____	_____	_____
Intellectual Disability	_____	_____	_____
Perpetrator of Abuse	_____	_____	_____
Legal Convictions	_____	_____	_____
Mental Illness	_____	_____	_____

Has the child been sexually abused? YES NO UNSURE  
If yes, who was the perpetrator and when did the abuse occur? \_\_\_\_\_

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Has the child been physically abused? YES NO UNSURE  
If yes, who was the perpetrator and when did the abuse occur? \_\_\_\_\_

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Has the child experienced neglect (emotional or physical)? YES NO UNSURE  
If yes, who was the perpetrator and when did the abuse occur? \_\_\_\_\_

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## ATTACHMENT and DISCIPLINE IN THE HOME

Does the child talk freely to you about his/her problems? YES NO

Does the child seek comfort from a caregiver when upset? YES NO

Does the child accept comfort from a caregiver when upset? YES NO

Is the child "overly friendly" (verbally or physically) with strangers? YES NO

Does the child stay close to his/her caregiver in unfamiliar surroundings? YES NO

This child is more difficult to parent than other children I have cared for. YES NO

As a parent/caregiver, I feel overwhelmed by this child's problems. YES NO

Who most often disciplines the child? \_\_\_\_\_

What discipline is most often used? \_\_\_\_\_

What discipline works best? \_\_\_\_\_

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What discipline works least? \_\_\_\_\_

What is the child's most common reaction to being disciplined? \_\_\_\_\_

\_\_\_\_\_

## CAREGIVER'S VIEW OF THE CHILD'S PROBLEMS / STRENGTHS

Has the child used drugs or alcohol within the past six months?    YES    NO    UNSURE

If yes, please describe: \_\_\_\_\_

List what you believe are the child's 3 main difficulties:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List what you believe are the child's 3 best strengths:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Briefly describe any additional information about this child you feel would be helpful in evaluating and treating him/her.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_