

INTAKE EVALUATION - CHILDREN (Parent Questionnaire)

INTAKE DATE _____

IDENTIFYING INFORMATION

PERSON COMPLETING FORM _____
RELATIONSHIP _____
CHILD'S NAME _____ DATE OF BIRTH _____
ADDRESS _____ GENDER _____
_____ RACE _____
_____ HEIGHT _____
HOME PHONE _____ WEIGHT _____
WORK PHONE _____ EYE COLOR _____
_____ HAIR COLOR _____

PRESENTING PROBLEM

1. What is the primary problem? (Circle only one)
- | | | |
|---------------------|-------------------------|------------------|
| a. Behavior at home | b. Behavior at School | c. Overactivity |
| d. Family Problems | e. Self-Confidence | f. Sex |
| g. Loneliness | h. Physical (ill/tired) | i. Anxiety/worry |
| j. Moodiness | k. Alcohol | l. Legal |
| m. Depression | n. Drugs | o. Other |

Please explain: _____

2. How long has the child had this problem? _____

3. How much has this problem affected your life and the child's life? (Circle the best answer)

- | | | |
|-----------------|------------------|-------------------|
| a. Very little | b. A good deal | c. A little |
| d. A great deal | e. A fair amount | f. Does not apply |

HISTORY OF PRESENTING PROBLEM

1. Please describe the reason or events that led up to this problem. _____

2. How long has this problem been bothering the child? How often does it happen? When did it begin? _____

3. Has the child received treatment for this problem? If yes, when, where, and with whom? _____

4. Has the child had any previous psychological treatment or hospitalizations for any other problems? If yes, when, where, and with whom? _____

5. What have you tried to do to solve this problem? How have you been coping with it? _____

FAMILY OF ORIGIN INFORMATION

1. Who raised the child? (Circle all that apply)
 - a. Both parents
 - b. Father (____ alone ____ with step-mother)
 - c. Mother (____ alone ____ with step-father)
 - d. Relatives (Specify _____)
 - e. Adoptive parents
 - f. Foster parents
 - g. Other (Specify _____)
2. Please provide the following information about the child (as applicable)

NAME	AGE	EDUCATION	OCCUPATION
Father _____			
Step-Father _____			
Foster Father _____			
Mother _____			
Step-Mother _____			
Foster Mother _____			
Guardian _____			

3. How many brothers and sisters does the child have? _____
Where was the child among the children (oldest, youngest, third, etc.)? _____

4. Please provide the following information about the child's brothers and sisters.

NAME	AGE	OCCUPATION	RESIDENCE (City/State)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. What words best describe the child's mother (or other woman who raised him/her)? **(Circle all that apply.)**

- | | | |
|-------------|-------------------|------------------|
| a. Warm | b. Rejecting | c. Understanding |
| d. Distant | e. Overprotective | f. Perfect |
| g. Uncaring | h. Domineering | i. Affectionate |
| j. Strict | k. Abusive | l. Other: _____ |

6. What words best describe the child's father (or other man who raised him/her)? **(Circle all that apply.)**

- | | | |
|-------------|-------------------|------------------|
| a. Warm | b. Rejecting | c. Understanding |
| d. Distant | e. Overprotective | f. Perfect |
| g. Uncaring | h. Domineering | i. Affectionate |
| j. Strict | k. Abusive | l. Other: _____ |

7. How would you describe the relationship between the child's parents? If the child was raised by someone other than both parents, please answer based upon the couple you believe were the most important in raising the child. **(Circle all that apply.)**

- | | | |
|------------|---------------------|-----------------|
| a. Close | b. Full of conflict | c. Domineering |
| d. Cold | e. Hot and cold | f. Loving |
| g. Ideal | h. Reserved | i. Hostile |
| j. Violent | k. Distant | l. Other: _____ |

8. What do the child's parents (or couple who raised him/her) argue about? **(Circle all that apply.)**

- | | | |
|---------------------------|-------------|--------------------------|
| a. Money | b. Drinking | c. Neglecting the home |
| d. Discipline of children | e. Sex | f. Being a poor provider |
| g. Relatives, in-laws | h. Jealousy | i. Other: _____ |
| j. They never argued | | |

9. How would you describe his/her life? (Circle all that apply.)

- | | | |
|----------------|---------------------|----------------|
| a. Happy | b. Dull | c. Painful |
| d. Frightening | e. Hard to remember | f. Regimented |
| g. Unhappy | h. Secure | i. Other _____ |

10. How do you think the child would describe himself/herself? (Circle all that apply.)

- | | | |
|---------------|------------------|-------------------|
| a. Outgoing | b. Friendly | c. Stubborn |
| d. Shy | e. Emotional | f. Unhappy |
| g. Active | h. Irresponsible | i. Calm |
| j. Aggressive | k. Nervous | l. Temperamental |
| m. Awkward | n. Rebellious | o. Self-Confident |
| p. Happy | q. Serious | r. Other _____ |

11. How would you describe the method of discipline used by the child's mother (or woman most responsible for discipline)? (Circle the closest answer.)

- | | | |
|------------|------------------|---------|
| a. Strict | b. Fairly strict | c. Fair |
| d. Lenient | e. Inconsistent | |

12. How would you describe the method of discipline used by the child's father (or man most responsible for discipline)? (Circle the closest answer.)

- | | | |
|------------|------------------|---------|
| a. Strict | b. Fairly strict | c. Fair |
| d. Lenient | e. Inconsistent | |

13. What problems has the child identified? (Circle all that apply.)

- | | |
|---|-------------------------------------|
| a. None | b. Getting along with mother |
| c. Getting along with father | d. Getting along with siblings |
| e. Getting along with peers | f. Getting along with teachers |
| g. Bedwetting | h. Nightmares |
| i. Academics/Schoolwork | j. Physical or medical problems |
| k. Nerves | l. Feeling like a burden to parents |
| m. Overweight | n. Underweight |
| o. Oversensitivity (feelings easily hurt) | p. Fear of failure |
| q. Other: _____ | |

14. What fears does the child have (or appear to have)? (Circle all that apply.)

- | | | |
|----------------------------|------------------------|-----------------------|
| a. No significant fears | b. Death | c. Might fail |
| d. Might get seriously ill | e. Might be laughed at | f. animals |
| g. Might be abandoned | h. Other children | i. Might lose parents |
| j. Other: _____ | | |

15. Has anyone in the child's family suffered from psychological problems? If yes, who, what, and when? Please note any suicides, attempted suicides, and/or hospitalizations.

16. Does anyone in the child's family have an alcohol or drug problem? If yes, who, what, and when? Please include any treatment information. _____

17. Was there any type of abuse (physical, sexual, emotional, etc.) in the child's family? If yes, please describe the circumstances. _____

18. Were there any other significant events and/or traumas in the child's family? If yes, please describe the circumstances. _____

MEDICAL HISTORY

1. Please fill in the name(s) and address(es) of family doctor(s).

NAME	SPECIALTY	ADDRESS	TELEPHONE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Does the child eat a balanced diet? Y / N
3. Does the child participate in regular exercise? Y / N
4. Does the child smoke? Y / N

5. How would you characterize his/her size?

- a. Very thin b. Thin c. About average
d. A little overweight e. Overweight f. Very overweight

6. Please circle the appropriate answers if the child has experienced any of the following within the past year. If yes, please explain below.

- | | |
|--|--------------------------------------|
| a. YES NO Eye disease, injury, poor vision | b. YES NO Liver, gallbladder disease |
| c. YES NO Ear disease, injury, poor hearing | d. YES NO Bowel disease |
| e. YES NO Nose, sinus, mouth, throat trouble | f. YES NO Constipation or diarrhea |
| g. YES NO Hemorrhoids, rectal bleeding | h. YES NO Venereal disease |
| i. YES NO Fainting spells | j. YES NO Head injury |
| k. YES NO Loss of consciousness | l. YES NO Difficulty falling asleep |
| m. YES NO Convulsions or seizures | n. YES NO Difficulty staying awake |
| o. YES NO Frequent or severe headaches | p. YES NO Marked weight loss |
| q. YES NO Memory problems | r. YES NO Marked weight gain |
| s. YES NO Extreme tiredness or weakness | t. YES NO Mouth or gum disease |
| u. YES NO Neck stiffness, pain, swelling | v. YES NO Swollen glands |
| w. YES NO Enlarged thyroid or goiter | x. YES NO Poor appetite |
| y. YES NO Skin disease | z. YES NO Circulatory problems |
| aa. YES NO Chronic or frequent cough | bb. YES NO Diabetes |
| cc. YES NO Chest pain or angina pectoris | dd. YES NO Heart disease |
| ee. YES NO Shortness of breath | ff. YES NO Blood disease |
| gg. YES NO Swelling of hands, feet, ankles | hh. YES NO Tuberculosis/ TB |
| ii. YES NO High blood pressure | jj. YES NO Hepatitis |
| kk. YES NO Back, arm, leg, or joint problems | ll. YES NO Stomach trouble |
| mm. YES NO Premenstrual syndrome/ PMS | nn. YES NO Other Chronic Illness |

7. Please provide information about medications, prescription or over-the-counter which the child takes regularly.

CURRENT MEDICATIONS	DOSAGE	FREQUENCY

8. Please list any allergies.

SCHOOL INFORMATION

1. What school does the child currently attend? _____

2. In what grade or year is the child? _____

3. Does the child receive any special services? Yes No

If yes, please list: _____

4. How does the child do in school (academically)? **(Circle the closest answer.)**

a. Very Well (A average) b. Well (B average) c. Average (C average)

d. Poorly (D average) e. Failing (mostly Fs)

5. Has the quality of the child's schoolwork changed recently? **(Circle the closest answer.)**

a. No change

b. Improved

c. Worsened

If there was a change, why do you think it happened? _____

6. Has the child ever had to repeat a grade? Yes No

If yes, which grade? _____

If yes, why? _____

7. Please comment on any specific academic struggles the child may be having (including any problem subject areas): _____

Has the child ever been enrolled in any special services (such as special education or tutoring?) _____

8. Overall, how does the child do in school (socially, behaviorally)? **(Circle the closest answer.)**

a. Extremely well (model student) b. Very Well (no problems)

c. All right (nothing unusual) d. Fair (occasional problems)

e. Poorly (frequent or serious problems)

9. Has the child's behavior at school changed recently? **(Circle the closest answer.)**

a. No change

b. Improved

c. Worsened

If there was a change, why do you think it happened? _____

10. What type(s) of behaviors have school staff (teachers, etc.) described as significant problems? (Circle all that apply.)

- a. Restless, does not sit still in his or her seat.
- b. Overactive, frequently gets up and walks or runs around the classroom.
- c. Interrupts, shouts out, does not wait to be called upon.
- d. Has trouble waiting his or her turn.
- e. Does not cooperate well with other students in group activities.
- f. Does not participate, withdrawn, sad.
- g. Requires more one-to-one attention than other children.
- h. Does not respect the rights of others.
- i. Plays/interacts roughly with others, is aggressive, gets into fights.
- j. Takes others' possessions.
- k. Is disruptive.
- l. Appears over-emotional, over-reacts, too sensitive, easily frustrated.
- m. Has trouble paying attention, concentrating on assignments.
- n. Is irresponsible, loses things, doesn't turn in homework.
- o. Uses drugs, alcohol, or tobacco at school.
- p. Is uncooperative or defiant.
- q. Other: _____
- r. None of the above.

11. Has the child had any problems on the school bus? Yes No
If yes, please describe: _____

SOCIAL RELATIONSHIPS/FRIENDSHIPS

- 1. Does the child seek friendships with other children? Yes No
- 2. Do other children seek friendships with the child? Yes No
- 3. Does the child have: (Circle the closest answer)
a. One close friend b. A group of good friends c. A big group of friends
d. Very few friends e. No friends at all
- 4. Does the child spend more time with: (Circle the closest answer)
a. Same sex children b. Opposite sex children c. About the same
d. None of the above (mostly alone)
- 5. Does the child spend more time with: (Circle the closest answer)
a. Same age children b. Older children c. Younger children

d. None of the above (mostly alone)

6. Does the child appear to have difficulties in social relationships? Yes No
If yes, please describe: _____

HOME BEHAVIORS & FAMILY INTERESTS

1. Which of the following types of problem behaviors does the child show at home? When responding, please consider the "typical" behaviors of other children of about the same age. (Circle all that apply.)

- a. Hyperactivity
- b. Poor (limited, brief) attention span, easily distracted
- c. Impulsivity (acts without thinking)
- d. Low frustration tolerance (gives up or gets frustrated easily)
- e. Temper outbursts (tantrums, arguments)
- f. Poor table manners
- g. Interrupts frequently, demands too much attention
- h. Does not listen when being spoken to
- i. Acts like he/she is driven by a motor
- j. Wears out shoes more frequently than other children
- k. Does not pay attention to danger, hazards
- l. Accident-prone, excessive number of accidents
- m. Does not seem to learn from experience
- n. Poor memory
- o. More active than other children
- p. Toileting accidents, bedwetting
- q. Nightmares, night terrors
- r. Dependent, clinging, cannot seem to think for himself/herself
- s. Overly sensitive, cries easily
- t. Oppositional, argumentative
- u. Sudden outbursts of aggression/physical abuse of other children
- v. Inappropriate sexual activity
- w. Other: _____
- x. None of the above

2. Please describe what you see as the strengths of the child's current home (for example, strong moral values, support for the child, high standards, close family, discipline, etc.). List all you believe are important: _____

3. Please describe the major activities and interests of the family. List all you think are important. _____

4. What do you think are the child's strengths (for example, intelligence, appearance, manners, willingness to help, etc.) List all you think are important.

5. Please describe the major activities and interests of the child. List all you think are important. _____

COUNSELING/THERAPY GOALS

1. What changes would you like to see as a result of counseling or therapy?
Please list the three to five most important, beginning with the most important.

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

2. How will we know when things are better? Please describe the best you can.

**THANK YOU FOR YOUR ASSISTANCE AND
PATIENCE IN COMPLETING THIS FORM**