

PARENT INFORMATION FORM

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The purpose of this form is to assist me in developing a thorough understanding of your child.

While testing results are important, information supplied by those who know a child well is essential. Your answers to the following questions about your child are most appreciated. Please feel free to add any information or elaborate on the last page of this form. Please attach copies of any previous testing results (scores and/or written reports), a sampling of report cards and grades, and any other diagnostic information which you feel is important. Parents may wish to answer some questions, (particularly behavior rating scales) separately, as their perceptions of their child may differ somewhat. If this is the case, please feel free to duplicate some pages and indicate who the respondent is at the top of the separate pages.

TODAY'S DATE: _____ INFORMANT: _____

REFERRED BY: _____

CHILD'S NAME: _____ MALE/FEMALE: _____

D.O.B.: _____ AGE _____ GRADE: _____

SCHOOL: _____

CHILD'S ADDRESS: _____

FATHER'S NAME; _____

AGE: _____ OCCUPATION: _____

ADDRESS: _____

PHONE: W _____ H _____

E-MAIL ADDRESS _____

FATHER'S HIGHEST GRADE COMPLETED/DEGREE: _____

MOTHER'S NAME: _____

AGE: _____ OCCUPATION: _____

ADDRESS: _____

PHONE: W _____ H _____

E-MAIL ADDRESS: _____

MOTHERS'S HIGHEST GRADE COMPLETED/DEGREE: _____

HOW LONG HAVE PARENTS BEEN MARRIED? _____

STEP PARENT'S NAME:
(if applicable) _____

DATE OF SEPARATION OR DIVORCE: (if applicable) _____

DATE OF REMARRIAGE: (if applicable) _____

NAME OF CUSTODIAL PARENT: (if applicable) _____

NAME OF MANAGING CONSERVATOR (if applicable) _____

WITH WHOM DOES THE CHILD LIVE AND WHAT PORTION OF THE TIME DOES THE CHILD SPEND WITH THE OTHER PARENT? (if applicable): _____

_____.

CHILD'S SIBLINGS: (names and ages): _____ (living at home?)

_____ (living at home?)

_____ (living at home?)

_____ (living at home?)

OTHER IMPORTANT RELATIONSHIPS: _____

OTHER PERSONS LIVING IN THE HOME: _____

LANGUAGES OTHER THAN ENGLISH REGULARLY SPOKEN AT HOME: _____

PERSON AND NO. TO CALL IN EMERGENCY: _____

PLEASE LIST ANY SOURCES OF EVALUATION SOUGHT FOR YOUR CHILD IN THE PAST, THE DATE, AND THE NAME OF THE PROFESSIONAL CONDUCTING THE EVALUATION
(Please bring a copy of any previous evaluation's written report if you have such):

WHAT DID YOU LEARN FROM ANY PREVIOUS EVALUATION?

WHAT TREATMENT RECOMMENDATIONS WERE MADE? WERE THEY IMPLEMENTED? WERE THEY EFFECTIVE?

PLEASE LIST ANY SCHOOLS ATTENDED BY YEAR AND GRADE PLACEMENT:

PLEASE DESCRIBE YOUR CHILD'S RELATIONSHIP WITH:

AGE MATES: _____

SIBLINGS: _____

MOTHER: _____

FATHER: _____

STEP PARENTS: _____

TEACHERS: _____

PLEASE DESCRIBE YOUR CHILD'S PERSONALITY AND TEMPERMENT:

DEVELOPMENTAL HISTORY:

DID THE FOLLOWING SKILLS EMERGE EARLY, AT THE USUAL TIME, OR LATER THAN EXPECTED FOR YOUR CHILD:

LANGUAGE (speaking in meaningful sentences/ verbal communication): _____

MOTOR SKILLS (crawling, walking, riding a tricycle and bicycle): _____

Comments: _____

PLEASE EXPLAIN ANY DIFFICULTIES OR IRREGULARITIES DURING PREGNANCY, DELIVERY, OR BIRTH: _____

PLEASE DESCRIBE ANY DIFFICULTIES OR IRREGULARITIES THAT HAVE OCCURRED IN YOUR CHILD'S DEVELOPMENT (serious illness, accidents, chronic health problems): _____

MEDICAL DOCTORS: _____ **PHONE:** _____ **LAST EXAM:** _____

PAST/PRESENT MEDICAL CARE: (including medications taken in past or currently): _____

HAS YOUR CHILD BEEN EXPOSED TO EMOTIONAL, PHYSICAL, OR SEXUAL ABUSE? _____

DOES CHURCH/RELIGION/SPIRITUALITY PLAY AN IMPORTANT ROLE IN YOUR FAMILY LIFE?: _____

_____.

PLEASE CHECK ANY OF THE FOLLOWING BEHAVIORS THAT APPLIED TO YOUR CHILD IN EARLY CHILDHOOD :

- | | |
|------------------------------------|---------------------------|
| ANXIOUS OFTEN _____ | INATTENTIVE OFTEN _____ |
| FEARFUL OFTEN _____ | DAYDREAMING OFTEN _____ |
| SHY OFTEN _____ | HYPERACTIVE OFTEN _____ |
| SAD OFTEN _____ | IMPULSIVE OFTEN _____ |
| HAPPY OFTEN _____ | TOO TALKATIVE OFTEN _____ |
| FIGHTING OFTEN _____ | FORGETFUL OFTEN _____ |
| TANTRUMING OFTEN _____ | SOCIAL OFTEN _____ |
| IRRITABLE OFTEN _____ | WITHDRAW OFTEN _____ |
| DEFIANT OFTEN _____ | |
| DISOBEDIENT OFTEN _____ | SECRETIVE OFTEN _____ |
| OBSESSIVE IN THOUGHTS OFTEN _____ | GUILTY OFTEN _____ |
| COMPULSIVE IN BEHAVIOR OFTEN _____ | |
| UNKIND OFTEN _____ | |
| MANIPULATIVE OFTEN _____ | |
| CONSIDERATE OFTEN _____ | |

PLEASE CHECK ANY OF THE FOLLOWING BEHAVIORS THAT APPLY TO YOUR CHILD CURRENTLY:

- | | |
|------------------------------------|---------------------------|
| ANXIOUS OFTEN _____ | INATTENTIVE OFTEN _____ |
| FEARFUL OFTEN _____ | DAYDREAMING OFTEN _____ |
| SHY OFTEN _____ | HYPERACTIVE OFTEN _____ |
| SAD OFTEN _____ | IMPULSIVE OFTEN _____ |
| HAPPY OFTEN _____ | TOO TALKATIVE OFTEN _____ |
| FIGHTING OFTEN _____ | FORGETFUL OFTEN _____ |
| TANTRUMING OFTEN _____ | SOCIAL OFTEN _____ |
| IRRITABLE OFTEN _____ | WITHDRAW OFTEN _____ |
| DEFIANT OFTEN _____ | |
| DISOBEDIENT OFTEN _____ | SECRETIVE OFTEN _____ |
| OBSESSIVE IN THOUGHTS OFTEN _____ | GUILTY OFTEN _____ |
| COMPULSIVE IN BEHAVIOR OFTEN _____ | |
| UNKIND OFTEN _____ | |
| MANIPULATIVE OFTEN _____ | |
| CONSIDERATE OFTEN _____ | |

FAMILY HISTORY:

PLEASE DESCRIBE ANY FAMILY HISTORY OF ALCOHOLISM, DRUG USE OR ABUSE, PHYSICAL OR SEXUAL ABUSE, LEARNING DISABILITIES, ATTENTION DEFICIT DISORDER, MOOD DISORDERS, PERSONALITY DISORDERS, VIOLENCE, SUICIDE (relatives of either side):

___ Use the space on the back of this form if you need to give further information