



Child Information Questionnaire

Form completed by:

Parent 1: _____

Today's date: _____

Relationship: _____

Parent 2: _____

Relationship: _____

Child's Name: _____

Sex: _____

Date of Birth: _____

Age: _____

Currently this child:

Lives with me and parent 2 in the same household _____

Lives with parent 1 _____ days per week/month.

Lives with other parent 2 _____ days per week/month.

Other people in the home, or custody details (please explain) _____

School, Friendships and Social Life

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

Name of your child's school: _____

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

Previous schools your child attended: _____

Child's academic performance in the past 12 months has been (circle):

Outstanding / Above average / Average / Below Average/Poor

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

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 _____

Please describe: _____

Child and Family Counseling Group

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Child Information Questionnaire

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: _____

How much time does your child spend on screens recreationally: _____ hours/min per day resulting in _____ hours/min per week.

What is your parenting philosophy about screen time (TV, video games, movies, phones, etc)

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? If yes, please explain

How does your child behave when changes occur (ie. new schools, babysitters, friends, new schedules)?

What helps your child with changes?



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How does your child deal with separating from you?

What helps your child with separations?

Has your child ever had any of the following problems?	At what age:
Temper tantrums	
Rejected or made fun of by peers	
Bullied or manipulated by peers	
Shyness	
Skin picking or hair pulling	
At night: Bedwetting or soiling	
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.	
Argumentative	
Acts young for his/her age	
Immature language/won't talk when appropriate	
Cannot concentrate	
Cannot sit still, is restless, or hyperactive	
Complains of loneliness	
Seems sad, unhappy, depressed	
Sleep problems: too much, not enough, nightmares	
Eating too much/not enough	
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	
Complains about sensory (noise, clothing, etc)	
Get hurts a lot, accident prone	
Dramatic difficulties with changes in routines, schedules	
Use of drugs (non-prescription) or alcohol	

Physical problems without known medical causes: (circle)

Headaches

Nausea, vomiting

Aches/pains

Rashes, skin problems

Stomach aches

Frequent illness



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Siblings, Relatives, and Family Friends

Does this child have sisters and/or brothers? No Names & ages: _____

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

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

What is important for us to know about this child's relationships with siblings, extended family members, nanny, au pair or special family friends?

Does either parent frequently travel apart from the family? (explain details)

Parent-Child Relationship

Parent #1-What are your strengths as a parent?

Parent #1-What are your weaknesses as a parent?

Parent #2-What are your strengths as a parent?



Child Information Questionnaire

Parent #2-What are your weaknesses as a parent?

What, if any, major disagreements do the parents/guardians have regarding child-rearing and parenting?

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

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

What do you find most satisfying about parenting this child?

List 2-3 hopes and/or dreams you have for this child.

List 2-3 ways you hope child & family therapy will be helpful.

Any other information you would like us to know:



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If applicable: *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 plans/separation/divorce?

Does your child ask questions or talk about the separation or divorce? (circle) 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?

A copy of the custody order may need to be provided to our therapist before the child can begin therapy. Please talk with your therapist about your questions/concerns.