

Child and Family Counseling Group

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Child Information Questionnaire

Child's Name: _____

Sex: Male/Female

Date of Birth: _____

Age: _____

Person completing this form: Mother _____

Father: _____

Currently this child:

Lives with me and my spouse in the same household _____

Lives with me _____ days per week/month.

Lives with other parent _____ days per week/month.

Other (please explain) _____

School, Friendships and Social Life

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

School or pre-school your child attends: _____

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

How many different schools has your child attended? _____

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

Outstanding _____

Above average _____

Average _____

Below average _____

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

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 _____

If yes, please describe _____

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: _____

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 way or other circumstances?

Yes _____

No _____

If yes, please explain

How does your child deal with changes (ie. new schools, babysitters, friends, new schedules)?

What helps him/her?

How does your child deal with separating from you?

What helps him/her?

Has your child ever had any of the following problems?	
Temper tantrums	
Rejected or made fun of by peers	
Bullied or manipulated by peers	
Shyness	
Nightmares	
Bedwetting or soiling at night	
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.	
Argues a lot	
Acts young for his/her age	
Cannot concentrate	
Cannot sit still, is restless, or hyperactive	
Complains of loneliness	
Seems sad, unhappy, depressed	
Not sleeping well, eating too much	
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	
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:

Headaches _____ Nausea, vomiting _____ Aches/pains _____

Rashes, skin problems _____ Stomach aches _____

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 situation?

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

Siblings, Relatives, and Family Friends

Does this child have sisters and/or brothers? Yes _____ No _____

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

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

What do you feel is important for us to know about this child's relationships with siblings, extended family members or special family friends?

Parent-Child Relationship

What are your strengths as a parent?

What are your weaknesses as a parent?

How do you think the child's other parent would describe their strengths?

How do you think the child's other parent would describe their weaknesses?

What, if any, major disagreements have you had with this child's other parent 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 three hopes and/or dreams you have for this child.
