

Psychiatry and Counseling Supplemental Questionnaire
Children Only

Child's Name _____ Age: _____

School he/she attends: _____

Grade Level: _____ Special Education Services/IEP?: Yes No

1. Any complications during the pregnancy, labor, or delivery of this child? Yes No

If Yes, explain here: _____

2. Did he/she reach developmental milestones on time? Yes No

First age he/she started walking: _____

First age he/she started talking in simple sentences: _____

Age child potty-trained: _____

3. Does he/she socialize well with other children? Yes No

4. Any trouble learning to read and/or write? Yes No

5. Has he/she repeated any grades: Yes No

6. Briefly Describe any academic problems: _____

7. Any conflicts with teachers? Yes No

If yes, briefly describe: _____

8. Are the current grades C average or above? Yes No

9. Any siblings? Yes No

If yes, list ages and gender: _____

10. Does he/she get along with the siblings? Yes No

11. Are both biological parents living? Mother Yes No Father Yes No

12. Are parents: married separated divorced never married living together?

*** If parents are separated/divorced, we ask that you provide a custody arrangement**

13. How does he/she get along with parents?

Mother: _____ Father: _____

14. Good relationship with step parent (s)? Yes No Not Applicable

15. Is the child adopted? Yes NO

16. Is the primary caregiver someone other than a biological parent? Yes No

Who? _____

17. List the people (first name only) that live in the home and their relation to the child:

18. List any Psychiatric, Substance Abuse Or Major Medical Problems in FAMILY MEMBERS:

