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PARENT QUESTIONNAIRE

Today's Date _____

Child's Name _____ Age _____

Date of Birth _____

School _____ Grade _____

Parent(s) name

Presenting Concerns

1. What are your primary reasons for seeking professional consultation at this time?

2. Has your child received medical or psychological help previously? Please list professionals consulted and treatment received:

3. Are your concerns related to your child's academic performance or underachievement? If so, please list any consultation, evaluation, or remediation previously attempted (e.g. school testing, special programs, tutoring, strategies used at home):

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Family

Mother's Name _____ Age _____
Father's Name _____ Age _____

4. Parents' status and relationship: (living/deceased? married or partnered? years married? divorced? remarried?). Briefly describe:

5. Living situation: (who lives at home? custody arrangements?)

6. Siblings/Step-Siblings Names and Ages (indicate whether sibling or step-sibling)

_____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Developmental and Medical History

7. Please list and briefly describe any significant developmental delays (e.g. walking, talking, toilet training, tolerance of separation, reading, etc.):

8. Please list and describe any infant or childhood illnesses/medical procedures beyond the normal:

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Emotional and Behavioral History

9. Think about your child's entire life when answering the questions below. If you answer YES to any of the following, **please give her/his age when the incidents first occurred, and the age when the incidents stopped. If they are still continuing, please indicate that.**

Has your child ever had periods in which eating habits changed drastically (i.e. not eating enough, or excessively overeating)?

Have there been times after early childhood when your child has wet the bed?

Has your child had periods when he/she lost or gained a lot of weight (other than being on a special diet)?

Has your child had periods when he/she has been exceptionally anxious or nervous for several weeks or longer without knowing why?

Have there been numerous times when your child has had great difficulty getting to sleep or staying asleep?

Have there been long periods in which he/she has been...

Shy, lacking in self confidence, and reluctant to participate in activities?

Have there been long periods in which your child cried a lot?

Have there been times when she/he has been depressed for weeks or longer?

Have there been periods in which he/she withdrew from people and wanted to be alone?

Has he/she ever seriously spoken of ending his/her life?

Has she/he ever made a suicide attempt (even if only to get attention)?

Have there been long periods in which your child was restless and overactive?

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Have there been times when your child has had severe temper tantrums?

Have there been extended periods when she/he has been hostile, aggressive, defiant, or belligerent?

Has your child ever engaged in destructive acts, such as setting fires, damaging property, throwing objects in the house, etc.?

Have there been times when she/he got into fist fights regularly?

Have there been periods when he/she engaged in behaviors such as stealing, cheating, or lying?

Has your child ever exhibited a pattern of cruelty, either to animals or to other children?

Has your child ever exhibited more than a normal level of curiosity or interest in sexual matters?

10. Are there any other noteworthy emotional or behavioral problems that your child has displayed? Please note your child's age at the time.

11. Please describe your child's "personality" and temperament as an infant and young child (e.g. happy, social, curious, fearless, timid, etc):

12. Please describe any noteworthy changes in your child's personality or temperament in recent years:

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13. In a few words, please describe how your child has handled each of the following experiences in the past. If he or she handles these situations differently in the present, please note how their behavior has changed.

Separation (e.g. beginning kindergarten; summer camp; sleepovers):

Limits and discipline:

Relationships with peers:

His/her own anger:

Boredom:

Competition:

Frustration:

Loss (e.g. loss of a pet; death of a grandparent):

Stress:

Conflict between parents:

14. What do you consider to be your child's greatest strengths?

15. What do you like most about your child?

16. What do you consider to be your child's liabilities and shortcomings:

17. What do you dislike most about your child?

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Family Background

18. Please list and describe any significant events or periods in your family's history (e.g. deaths, illnesses of family or extended family members, moves, business or financial crises, legal difficulties, significant marital stress or separation):

19. Please list and describe any and all family history (immediate and extended family) of emotional, psychological, or behavioral difficulties (anxiety, depression, stress reactions, psychological/psychiatric disorders, chemical dependency, other addictions, anger management, physical or sexual abuse, etc.).

Also note any treatment received (psychotherapy, medications, treatment programs, etc.

Educational History

20. How did your child adjust when first entering school?

21. Has your child changed schools (other than required transitions)? If so, please explain why.

22. What are your child's usual grades? (circle one): A A&B B&C C&D D&F F

23. Has there been a change in achievement in the last year or two? If so, please describe.

24. What subject(s) does your child do best in?

25. What subject(s) does your child do worst in?

26. How would you describe your family's expectations and values concerning education and school performance?