Child History Questionnaire

Child Name: __________________________ Date: __________

To be filled out by the biological or adoptive parent. Some items are in **Bold**, so as to indicate the option of circling one of the responses. Please circle the appropriate response and explain your response on the following line. Not all questions will be relatable to your child due to children's different stages of development. For example, School Information will not apply to a toddler. In those cases, just skip a section and continue on with the questionnaire. For some questions you may need additional space to complete your answers. In that case, simply continue your responses on the backside of the questionnaire. Please fill out one questionnaire for each child involved in the home study evaluation and bring the questionnaire(s) to your first appointment.

Parent Name: __________________________ Case: __________ vs. __________

Parent filling out this form is the child's: **Biological / Adoptive** - **Mother / Father**

Child’s Age: ____ Date of Birth _____________ Sex: M F Order ___ of (e.g., 1 being oldest of 3 children)

Pregnancy and Birth:
- Was there any prenatal trauma or was the mother under significant stress?  Yes  No  (please circle)
  If so, what? __________________________________________
- Did the mother use any drugs, alcohol, or prescribed medications during the pregnancy:  Y  N
  If so, what? __________________________________________
- Were there any complications with the pregnancy:  Y  N
  Explain: ______________________________________________
- Was the father present and involved with the pregnancy (i.e., classes)? __________________________

Where was the child born?: __________________________

The child was born: **Full Term / Early / Late**: by how much ______

- Were there any complications with the delivery:  Y  N
  Explain: ______________________________________________
- Was the father present and involved with the delivery?: __________________________

Infancy:
- Any challenges with feeding?  Y  N __________________________________________

How was the child's emotional attachment?  (i.e., eye contact, liking to be held, etc)

________________________________________________________

What was this child's emotional temperament as an infant? ______________________________________

Were there any challenges with the child during infancy:  Y  N: ______________________________________
Developmental Milestones:
In general, would you say that the child was **On Time** / **Early** / **Late** in achieving his/her development milestones? (i.e., Sitting, Walking, and Talking)
If early or late, by how much? _______________

Has this child experienced any challenges with the following? If so please explain.
<table>
<thead>
<tr>
<th>Cognitive Development</th>
<th>Y</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>Toilet Training</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Language Development</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Coordination</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Growth</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Social Development</td>
<td>Y</td>
<td>N</td>
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</tbody>
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Child Relationships:
What is his/her relationship like with You? _______________________________________

Has your relationship changed recently? If so how? __________________________________

What is his/her relationship like with the other parent? _____________________________

Has their relationship changed recently? If so how? _________________________________

How has she/he coped with the conflict between you and the other parent? ___________

How does she/he respond to the exchanges between the homes? ________________________

What is his/her relationship like with the other step-parent? ________________________

What is his/her relationship like with your current spouse? _________________________

What is his/her relationship like with his/her siblings? _____________________________

What is his/her relationship like with his/her step-siblings? ________________________

How are your child's social skills? ________________________ explain: ____________________

Who are his/her closest friends and how does he/she know them? ____________________

How does she/he deal with conflict with peers? (e.g., approach it, avoid it, cries, fights, etc.)

What are this child's favorite things to do? ________________________________________
Describe Your Child

Briefly describe this child's personality: _____________________________________________

______________________________________________________________________________

What are his/her strengths? ______________________________________________________

What are his/her weaknesses? ____________________________________________________

Does he/she tend to stuff or show feelings, explain: ________________________________

______________________________________________________________________________

______________________________________________________________________________

Discipline:

How does she/he respond to rules and structure? ________________________________

______________________________________________________________________________

Does this child require much discipline? If so, for what? __________________________

______________________________________________________________________________

What was the last major act that this child did that required discipline? ______________

______________________________________________________________________________

How did you respond? __________________________________________________________

______________________________________________________________________________

How did your child respond to the discipline? ______________________________________

______________________________________________________________________________

What is one area of discipline, with which you feel like you struggle? ________________

______________________________________________________________________________

How does this child respond differently to you and the other parent? _________________

______________________________________________________________________________

What have you done, if anything, to increase your knowledge of parenting? __________

______________________________________________________________________________

______________________________________________________________________________

School:

Is your child currently in School? Y  N

Current School: __________________________________________ Grade: ______________

How long has the child been at this school? ______________________________________

Teacher, Advisor or Counselor: __________________________ Phone #: ______________

How often do you have contact with his/her teachers? _____________________________

Any challenges with the teacher(s)? ___________________________________________

How is your child doing academically in school? _________________________________

Any recent change in school performance? ______________________________________

Does he/she have any attention problems in class? ________________________________

______________________________________________________________________________

How is your child doing socially in school? ______________________________________

Has she/he been in trouble in class or with peers? ________________________________

______________________________________________________________________________

Is he/she involved in any programs or extracurricular activities? Y  N Explain or list: ______

If this child has organized events, such as sports, do you attend and how often? ______

Who is the coach/instructor? __________________________ Phone: __________________

Does the other parent attend and how often? ______________________________________

If you both show up to the same event, what takes place? _________________________

______________________________________________________________________________

______________________________________________________________________________
Child Medical History

Does this child have any significant current medical issues?  Y  N

___________________________________________________________________________

Does this child have any significant medical history?  Y  N

___________________________________________________________________________

When was this child's last medical check-up?  ________________________________

Who is his/her pediatrician or family practice physician?  ____________________ Phone:  ________

How do you and the other parent coordinate, attend, and pay for medical care?  ______________

___________________________________________________________________________

Is this child currently prescribed any medications?  Y  N

If so, what and for what reasons?  ____________________________________________

Is this child current with Dental care?  Y  N

When was his/her last dental visit?  ______________  Any Problems?  ______________

How do you and the other parent coordinate, attend, and pay for dental care?  ______________

___________________________________________________________________________

Counseling:

Does he/she have any fears or anxiety?  Y  N  Please explain:  __________________________

___________________________________________________________________________

Does he/she have any symptoms of depression?  Y  N  Please explain:  __________________________

___________________________________________________________________________

Has this child ever talked about or attempted suicide?  Y  N  Explain:  __________________________

___________________________________________________________________________

Does she/he have any significant Behavior Problems?  Y  N  Explain:  __________________________

___________________________________________________________________________

Does she/he have any significant Emotional Problems?  Y  N  Explain:  __________________________

___________________________________________________________________________

Is this child currently attending counseling?  Y  N.  If so, where, with whom, and how long?

___________________________________________________________________________

Does he/she like the counseling?  Y  N.  Do you see any benefit/change?  Y  N

Do you believe your child needs counseling?  Why?  __________________________________________

___________________________________________________________________________

Has the child been in counseling in the past?  Y  N  __________________________________________

___________________________________________________________________________

Any other comments or concerns?  Y  N :  __________________________________________

___________________________________________________________________________

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