

CHILD QUESTIONNAIRE
FILL OUT ONE PER CHILD

Your name/
relationship:

Child's Name:

Birth date:

Child's Age:

Sex:

Grade:

School:

Teacher:

School Address:

School Phone #:

School Fax #:

School Board:

List all schools the child has attended and reasons for change:

List all residential moves for the child and reasons for the move:

With whom does the child reside, and how long? Please explain why.

How old was the child at the final separation?

How often does the child see the other parent?

What is the most recent court order re custody/access?

Are you seeking a change of decision making?

Are you seeking a change of schedule?

If yes to either of the above, what do you propose?

If the child's time with the other parent is different now from what it was before, list previous visitation arrangements, including dates, and reasons for the changes:

PREGNANCY:

Was the pregnancy planned? If no, please explain:

How old were you
when the child was
born?

Please check off any complications you experienced while pregnant with this child:

Vomiting

Staining/Blood Loss

Hospitalization

Threatened Miscarriage

Toxaemia

Infection(s)

Operation(s)

Other Illness:

Smoking during pregnancy? If yes, how many per day?

Alcohol consumption during pregnancy? If beyond occasional drink, please explain.

X-Rays:

Medications:

Duration of
pregnancy in weeks:

DELIVERY:

Duration of Labour
in Hours:

Forceps:

High

Mid

Low

Type of Delivery:

Vertex (normal)

Breech

Cesarean

Complications (explain)

Birth weight:

POST DELIVERY PERIOD (while in hospital)

DEVELOPMENTAL MILESTONES:

	Early	Normal	Late
Sat without support			
Crawled			
Stood without support			
Walked without help			
Spoke 1st words (<i>not including mama dada</i>)			
Said a phrase			
Said a sentence			
Bowel trained, day			
Bowel trained, night			
Bladder trained, day			
Bladder trained, night			
Rode tricycle			
Rode bicycle (<i>no training wheels</i>)			
Buttoned clothing			
Tied shoelaces			
Named colours			
Began to read			
Said alphabet			

COORDINATION (Rate your child in the following skills.):

	GOOD	AVERAGE	POOR
Walking			
Running			
Throwing			
Catching			
Shoelace tying			
Buttoning			
Athletic abilities			

COMPREHENSION AND UNDERSTANDING:

Do you consider your child to understand directions and situations as well as other children his or her age? If not, why?

How would you rate your child's overall level of intelligence compared to other children?

	Below Average	Average	Above Average
Level of intelligence			

SCHOOL:

Has child been diagnosed through the school or by private educational/developmental evaluation as any of the following? Check off all that apply.

gifted/talented

mentally challenged

learning disability

emotionally disturbed

physically
handicapped

developmentally delayed

Has your child received any special education or tutoring services? If yes, explain.

Rate your child's school experiences related to academic learning:

	GOOD	AVERAGE	POOR
Nursery School			
Kindergarten			
Current Grade			

To the best of your knowledge, at what grade level is your child functioning:

Reading Writing Arithmetic

Has your child ever had to repeat a grade? If so, when?

Does your child's teacher describe any of the following as significant classroom problems?

- Doesn't sit still in his or her seat
- Frequently gets up and walks around the classroom
- Doesn't wait to be called upon (shouts out)
- Does not cooperate well in group activities
- Typically does better in one-to-one relationships
- Doesn't pay attention during storytelling

Describe briefly any other classroom behavioural problems:

PEER RELATIONSHIPS:

Does your child seek friendships with peers?

Is your child sought by peers for friendship?

Does your child play primarily with children his/her own age?

Describe briefly any other problems your child may have with peers

HOME BEHAVIOUR:

All children exhibit, to some degree, the kinds of behaviour listed below. Mark only those that you believe your child exhibits at home to an excessive or exaggerated degree when compared to other children his or her own age.

- Hyperactivity (high activity level)
- Poor attention span
- Impulsivity (poor self control)
- High frustration levels
- Temper outbursts
- Sloppy table manners
- Interrupts frequently
- Doesn't listen when being spoken to
- Sudden outbursts of physical abuse of other children
- Acts like he or she is driven by a motor
- Wears out shoes more frequently than siblings
- Heedless to danger
- Excessive number of accidents
- Doesn't learn from experience
- Poor memory
- More active than siblings

INTERESTS AND ACCOMPLISHMENTS:

What are your child's main hobbies and interests?

What are your child's areas of greatest accomplishment?

What does your child enjoy doing most?

What does your child dislike doing most?

MEDICAL HISTORY:

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (describe any complications):

Operations:

Hospitalization for illness(es) other than operations:

Head injuries

Convulsions

Coma(s)

Meningitis or encephalitis

Immunization reactions

Persistent high fevers (please note highest fever temperature)

Eye problems

Ear problems

PRESENT MEDICAL STATUS:

Current weight:

Current height:

Present illness(es) for which the child is being treated:

Medication child is taking on an ongoing basis:

BEHAVIOUR CHECKLIST:

Most children exhibit, at one time or another, one or more of the behaviours listed below. Using the form on the next 2 pages, please check if your child has exhibited the listed behaviours in the past, present, or never. Only mark those behaviours that have been or are present to a significant degree over a period of time. Only check as problems behaviour that you suspect is unusual or atypical when compared to what you consider to be the normal for your child's age.

	PAST	PRESENT	NEVER
Thumb sucking			
Baby talk			
Enuresis (bed wetting)			
Encopresis (soiling)			
Cries easily and frequently			
Excessive demands for attention			
Frequent nightmares			
Night terrors			
Sleep walking			
Insomnia			
Poor motivation			
Low curiosity			
Overly dependent for age			
Excessive silliness & clowning			
Generally immature			
Poor follow through			
Blatantly uncooperative			
Tries to avoid responsibility			
Takes path of least resistance			
Apathy			
Stealing			

BEHAVIOUR CHECKLIST CONTINUED:

	PAST	PRESENT	NEVER
Suspicious/distrustful			
Eats non-edible substances			
Eating binges with overweight			
Long periods of dieting and food abstinence with underweight			
Frequent stomach cramps			
Frequent headaches			
Preoccupied with bowel movements			
Worries over bodily illness			
Frequent nausea and vomiting			
Constipation			
Often complains of bodily aches and pains			
Frequent sex play with other children			
Excessive sexual interest and preoccupation			
Excessive masturbation			
Truancy from school			
Cruelty to animals, children, & others			
Violent outbursts of rage			
Little, if any, response to punishment for antisocial behaviour			