

CHILD QUESTIONNAIRE

Please complete this questionnaire on your child. It is very important that it be completed in its entirety. If a question does not apply to your child, please mark it N/A.

(USE A SEPARATE SHEET OF PAPER & ATTACH IT IF YOU NEED MORE ROOM TO COMPLETE AN ANSWER)

1. Name of person completing form: _____ Date: _____

2. Name of your child: _____ Age: _____ DOB: _____ Sex: _____

3. Name of biological mother: _____

4. Name of biological father: _____

5. Your relationship (if other than above): _____

6. Current legal relationship to the child: _____

7. Provide the following information for each day-care provider, caregiver, or baby-sitter currently providing care for the child

a. Name _____

b. Address _____

c. Age _____ d. Phone number _____

e. Day and hours of care provided

f. Name _____

g. Address _____

h. Age _____ i. Phone number _____

j. Day and hours of care provided

8. Please list below any additional persons, day-care providers, and baby-sitters that have provided care for your child in the last year.

9. Name of your child's

a. school _____

b. address _____

c. phone _____ d. name of teacher _____

e. name of guidance counselor _____ f. grade _____

10. Has your child been diagnosed through school or by a private educational/developmental evaluation as any of the following:

a. gifted or talented _____ yes _____ no

b. learning disabled _____ yes _____ no

c. mentally retarded _____ yes _____ no

d. emotionally disturbed _____ yes _____ no

e. physically handicapped _____ yes _____ no

11. Has your child currently or in the past year received any special education services?
_____ yes _____ no (check one). If yes, provide details:

12. Has your child now or in the past received tutoring? _____ yes _____ no (check one). If yes, provide details:

13. Name of pediatrician _____

Address: _____ Phone: _____

Date of last visit _____

How long has your child been under the pediatrician's care? _____

14. Does your child have any chronic or recurrent health problems? _____ yes _____ no (check one). If yes, provide details:

15. Has your child currently, or in the past, been on any medication? _____ yes _____ no (check on). If yes, provide medication, dosage, reason, and name of prescribing physician:

16. Has your child been seen by any other medical specialists for other than routine examinations? _____ yes _____ no (check one). If yes, provide details.

17. Has your child ever had any psychologist, educational, or psychiatric evaluations? _____ yes _____ no (check one). If yes, please provide date of evaluation, name of evaluator, address, phone number and reason for evaluation.

18. Has your child ever been in psychotherapy or counseling? _____ yes _____ no (check one). If yes, provide dates, reason, name of therapist(s) and phone numbers:

19. What is the current living/custody arrangement?

20. Does your child have their own attorney representing their interests in this case? ___ yes ___ no (check one). If yes, provide name and address and phone number:

21. Describe the current legal custody and visitation arrangement and indicate whether it is temporary or permanent. When did this arrangement go into effect?

22. Have there been any previous custody/visitation arrangements prior to the current one? _____yes _____no (check one). If yes, please describe all prior arrangements including the dates they were in effect and the reasons for the changes.

23. If this is other than your first marriage, were there any children from any previous or current marriage(s)? ___yes ___no (check one). If yes, please list them including, name, date of birth, age at time of divorce and who received custody. Please also include your current contact and relationship with these children.

24. Why are you seeking custody or physical placement?

25. What would be the ideal custody and visitation arrangement for your family? Why?

26. Relating to the previous question, what elements of that ideal arrangement would you be willing to negotiate?

27. How would it affect you if the other parent received custody or primary placement?

28. Joint custody involves shared decisions about your child's education, religious upbringing, medical treatment, and related issues. What would be the advantages and disadvantages of a joint custody arrangement for your family?

29. How frequently do you currently have contact with the child?

30. How frequently did you have contact with the child in the past?

31. Have there been any significant changes in the child's behavior? _____yes _____no
If so, describe the changes and give dates of occurrences

32. Tell me about your child's current emotional/psychological adjustment. How well adjusted do you think your child is?

33. Give me some examples that support your (above) conclusions about your child's psychological well-being

34. How is your child performing in school?

35. Does your child have any unusual fears? What is he/she most inclined to be afraid of?

36. How does your child react to nightmares?

37. How does your child react to going to the dentist or doctor?

38. How does your child react to a scary funhouse?

39. How does your child react to doing something for the first time, such as starting at a new school or entering a room full of adults?

40. How does your child react on a roller coaster ride (e.g. is she/he fearful, brave, clingy, having fun)?

41. Does your child ever express fears that he/she really knows are probably imaginary (e.g. ghosts)?

42. What have you noticed about your child's fears when he/she is with you? Give examples of what you have seen or heard that describes what you have noticed?

43. Tell me about your child's current social adjustment. How would you describe his/her social relationships?

42. How does he/she relate to peers?

43. How does he/she relate to siblings?

44. How often does he/she physically fight with his/her peers?

45. What would most likely be the reason your child would fight with peers?

46. Would he/she be more likely to fight physically or verbally?

47. What have you noticed about your child's fighting when he/she is with you? Give examples of what you have seen or heard that describes what you have noticed.

47. What have you noticed about your child's fighting when he/she is with the other party? Give examples of what you have seen or heard that describes what you have noticed.

48. How often does your child tease others?

49. What does he/she usually or most often tease others about?

50. How does your child handle being teased?

51. What have you noticed about your child's teasing or being teased when he/she is with you? Give examples of what you have seen or heard that describes what you have noticed.

52. What have you noticed about your child's teasing or being teased when he/she is with the other party? Give examples of what you have seen or heard that describes what you have noticed.

53. What do you think is your child's perception of his/her relationship with each family member (e.g. supportive, hostile, etc.)?

52. What have you noticed about these perceptions when he/she is with you? Give examples of what you have seen or heard that describes what you have noticed?

53. What have you noticed about these perceptions when he/she is with the other party? Give examples of what you have seen or heard that describes what you have noticed.

54. How successful do you think your child feels about his/her relationships with others (successful, competent, overwhelmed, stressed, etc.)?

55. What have you noticed about your child's perceptions of his/her relationships with others when he/she is with you? Give examples of what you have seen or heard that describes what you have noticed.

56. What have you noticed about your child's perceptions of his/her relationships with others when he/she is with the other party? Give examples of what you have seen or heard that describes what you have noticed?

57. At home, which of the following behaviors do you notice in your child?

	<u>Yes</u>	<u>No</u>
Lying	_____	_____
Over dependence	_____	_____
Prejudice	_____	_____
Running away	_____	_____
Shyness	_____	_____
Stealing	_____	_____
Rule breaking	_____	_____
Physical aggression (starts fights, hits)	_____	_____
Verbal aggression	_____	_____

Profanity	_____	_____
Moodiness	_____	_____
Much solitary fantasy play	_____	_____

58. Is the child:

	<u>Yes</u>	<u>No</u>
Accepted by others	_____	_____
Part of a clique	_____	_____
Excluded by others	_____	_____
In fights with others	_____	_____
“Different” from others	_____	_____
Isolated from others by his/her choice	_____	_____
Timid and/or shy	_____	_____
Dependent	_____	_____
Valued as a friend	_____	_____
Anxious	_____	_____
The object of teasing	_____	_____
The object of threats	_____	_____
The object of physical attacks	_____	_____

59. How often does your child:

	<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>Almost always</u>
Cooperate with others	_____	_____	_____	_____	_____
Ask permission when appropriate	_____	_____	_____	_____	_____
Move to explore new situations (assertiveness)	_____	_____	_____	_____	_____
Show interest in the activity of others	_____	_____	_____	_____	_____

<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>Almost always</u>
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Show interest in new people in his environment	_____	_____	_____	_____	_____
Do things spontaneously with friends	_____	_____	_____	_____	_____
Plan ahead to get together with friends	_____	_____	_____	_____	_____
Ask others what to do or otherwise look for outside guidance	_____	_____	_____	_____	_____
Act in a polite manner	_____	_____	_____	_____	_____
Follow rules	_____	_____	_____	_____	_____
Exhibit good conversation manners	_____	_____	_____	_____	_____
Keep secrets or confidences	_____	_____	_____	_____	_____
Use good table manners	_____	_____	_____	_____	_____
Control his/her impulses	_____	_____	_____	_____	_____
Apologize for wrongdoing	_____	_____	_____	_____	_____
Borrow and return things appropriately	_____	_____	_____	_____	_____
Make and keep appointments	_____	_____	_____	_____	_____
Properly care for his/her room	_____	_____	_____	_____	_____

60. Tell me about your child's adjustment in school. Give examples of what you have seen or heard that supports your conclusion about your child's school adjustment.

61. Describe general academic performance for each grade level.

	<u>Failing</u>	<u>Below Average</u>	<u>Above Average</u>	<u>Superior</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
	<u>Failing</u>	<u>Below Average</u>	<u>Above Average</u>	<u>Superior</u>

7	___	___	___	___
8	___	___	___	___
9	___	___	___	___
10	___	___	___	___
11	___	___	___	___
12	___	___	___	___

62. In school does your child:

	<u>Yes</u>	<u>No</u>
Tattle	___	___
Lie	___	___
Provoke others	___	___
Get along with others	___	___
Demand much attention from peers	___	___
Refuse to complete assignments	___	___
Often go to class unprepared	___	___
Appear unmotivated	___	___
Participate reluctantly	___	___
Require much 1-to-1 supervision	___	___

63. In school, is the child

	<u>Yes</u>	<u>No</u>
Often disobedient	___	___
Often bullying	___	___
Intimidating to others	___	___
Disturbing or disruptive of others	___	___
Respectful of authority (teachers, etc)	___	___
Insulting	___	___
Considered a troublemaker	___	___
	<u>Yes</u>	<u>No</u>
Verbally aggressive	___	___

Physically aggressive _____

Often truant _____

Inclined to steal _____

64. In school or at home, is the child:

	<u>Yes</u>	<u>No</u>
Distractible	_____	_____

Unable to handle new or exciting situations	_____	_____
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Lacking in foresight	_____	_____
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Easily frustrated	_____	_____
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Often confused in a group setting	_____	_____
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Inclined to daydream	_____	_____
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Unwilling to take responsibility for his/her work	_____	_____
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Unwilling to take responsibility for his/her belongings	_____	_____
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Slow moving or slow responding	_____	_____
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Impulsive	_____	_____
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Overactive	_____	_____
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65. What is your child's current functioning in the following?

	<u>Seriously below average</u>	<u>Below average</u>	<u>Average</u>	<u>Above average</u>	<u>Superior</u>
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Reading	_____	_____	_____	_____	_____
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Word recognition	_____	_____	_____	_____	_____
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Reading comprehension	_____	_____	_____	_____	_____
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Spelling	_____	_____	_____	_____	_____
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Handwriting Quality	_____	_____	_____	_____	_____
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Ability to write sentences and/or paragraphs	_____	_____	_____	_____	_____
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	<u>Seriously below average</u>	<u>Below average</u>	<u>Average</u>	<u>Above average</u>	<u>Superior</u>
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Math	_____	_____	_____	_____	_____
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Science _____

Social Studies _____

Foreign Language _____

66. What would you say are your child's educational strengths?

67. What would you say are your child's educational weaknesses?

68. Does your child perform the following tasks at a level you would consider average for his/her age?

	<u>Below average</u>	<u>Average</u>	<u>Above average</u>
Cutting	_____	_____	_____
Writing	_____	_____	_____
Shoe tying	_____	_____	_____
Drawing	_____	_____	_____
Walking	_____	_____	_____
Running	_____	_____	_____
Jumping	_____	_____	_____
Skipping	_____	_____	_____
Hopping	_____	_____	_____
Climbing	_____	_____	_____
Balancing	_____	_____	_____
Catching	_____	_____	_____
General Coordination	_____	_____	_____

69. Which of the following are problems you notice in your child at home?

Eating disorder _____ yes _____ no

If yes, describe

Sleep disorder ____yes ____no

If yes, describe

Bedwetting ____yes ____no

If yes, describe

Nervous tics ____yes ____no

If yes, describe

70. Identify your child's interest, fears, skills, and problem areas

71. For each problem area, describe the solution that you feel would be most effective

72. From which sources do you draw information concerning child rearing?

73. If you are having difficulty with your child to whom do you talk?

74. What are your current childcare arrangements?

75. What are your future childcare arrangements?

76. What would be the living arrangements of your child if you received placement?

77. Did the mother experience postpartum depression (blues) following the birth of the child _____yes
_____no (check one). If so, state to what extent and how long it lasted?

78. Identify the special needs of your child at this time.

79. What are the specific needs that your child will have next year?

In 3 years?

In 5 years?

80. Who provided your child with sex education?

81. Who taught your child about oral hygiene?

82. Who taught your child about general hygiene?

83. How do you feel the divorce will affect your child?

84. What has your child been told so far regarding the current situation?

85. What has your child been told about the current living arrangements?

86. List the ages and sexes of friends and relatives with whom your child comes into regular contact with?

87. How often do you allow your child to have friends over?

88. All children misbehave from time to time. For your child list a misbehavior and how you handled it. (If there is more than one child included in this questionnaire please include an example for each).

89. What do you think the wishes of your child is regarding custody placement?

90. What is the bedtime routine of your child?

91. How often do you find you need to spank your child?

92. Please list your child's favorite subjects and most difficult subjects

93. Over the past year, what school events have you attended? (Please state when they were held)

94. How often does each child need help with his or her homework?

95. If your child is currently living with you, how often does the other parent visit? Please indicate the average length of a visit, and how the visits are arranged.

96. If your child is not currently living with you, how often do you visit? Please indicate the average length of a visit, and how the visits are arranged.

97. In an average month, how much time do you spend discussing the child, or related issues, with the other parent?

98. Do you find this time is sufficient and well spent? _____ yes _____ no Please elaborate on your answer.

99. What are your concerns when your child is with the other parent?

100. In the past month have you been angry with the other parent? _____ yes _____ no If yes, please give details of how often and the causes of the anger.

101. When you and the other parent disagree about something pertaining to your child, how is the disagreement resolved? Who usually wins?

102. What resources are available in your community to help you as a single parent?

To the best of my knowledge the information that has been provided is accurate and truthful

Signature

Date