

PARENT QUESTIONNAIRE

Please complete the following questionnaire in its entirety. It is very important that all questions be answered. If a question does not apply to you, please mark it N/A.
(USE A SEPARATE SHEET OF PAPER & ATTACH IT IF YOU NEED MORE ROOM TO COMPLETE AN ANSWER)

1. Your Name _____ Date (completed) _____
2. Age _____ Date of birth _____ Place of birth and where you were raised _____
3. Current address _____
4. Phone _____ (h) _____ (w) _____
5. Occupation _____ Length of employment _____
6. Employer _____
7. Address _____
8. Other parent's name _____
9. Names of person(s) living in your home and relationship _____
10. Current Marital status (circle one) Single Married Divorced Widowed Separated

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR FAMILY

(If you are adopted, please describe those who raised you)

11. Mother's Name _____
Residence _____
Age _____ Occupation _____
12. Father's Name _____
Residence _____
Age _____ Occupation _____
13. Name of Siblings Age Relationship
a. _____
b. _____
c. _____

d. _____

e. _____

f. _____

14. Are either of your parents deceased? ____ yes ____ no (check one). If yes, please state when they died, how old you were, how old they were, and what was the cause of death.

15. Has a close friend or a member of your family died in the past 2 years ____ yes ____ no (check one). If yes, please state who they were and briefly describe your relationship with that person.

16. Has anyone in your family (parents or siblings) abused drugs or alcohol or have been treated for drug and alcohol abuse now or in the past? ____yes ____no (check one). If yes, give details.

17. Has anyone in your family been in psychotherapy, been hospitalized or received medications for mental or emotional difficulties? _____yes _____no (check one). If yes, give details.

18. Has anyone in your family been arrested, questioned by the police, or convicted of any crime? _____yes _____no (check one). If yes, give details.

19. Has anyone in your family (including cousins, uncles, aunts) been investigated for physical or sexual child abuse? ____yes ____no (check one). If yes give details

20. Were your parents ever separated? _____yes ____no (check one)

a. If yes when? _____

b. Divorced? _____When? _____

c. Remarried? _____When? _____

d. If yes, how old were you when this occurred? _____

e. Who had custody of you? _____

21. When did you move out of your parent's home? _____

23. What kind of relationship do you have with your parent(s)?

24. When did you see them in the past year?

25. What kinds of things as a young child did your parents have to discipline you for?

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SCHOOL HISTORY

26. Degree _____ School _____

Dates Attended _____

27. Provide your average grades in:

Elementary school _____

Junior High _____

High school _____

College _____

Post Graduate or professional degrees? _____

28. Did you receive any special education services _____yes _____no (check one). If yes, give details

29. Did you leave any education program prior to completion? _____ Yes _____no (check one). If yes, give reason

30. What did you like best in school? What did you do best in? What did you like least in school? Have the most difficulty with?

31. What problems did you encounter in grade school? In junior high? In high school?

32. How did you get along socially in grade school? In junior high? In high school?

33. While you were growing up, did you have any problems with any of the following? (Circle any that apply)

Learning to walk learning to talk toilet training bed-wetting nightmares recurrent dreams fears
nail biting sleep disturbance unusual illnesses friends school and/or others

(Please explain any of the items that you circled) _____

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR WORK HISTORY

34. For all your jobs prior to and including your current employment (beginning with your current position), provide:

	JOB TITLE	PLACE OF WORK	SALARY	HOURS	DATES OF EMPLOYMENT
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____

35. Have you ever been fired or laid off from any job? _____ Yes _____no (check one). If yes, give details.

36. Is your job satisfying? _____ yes _____no (check one). If not, please explain why

37. Does your work require you to travel? Where? When? How often? How long are the trips generally?

38. What happens if your scheduled work hours conflict with a special event at school? If child is sick?

39. How do you feel about your current work situation? What would you like to change about it?

66. Are you now or have you ever been in military service? _____yes _____no (check one). If yes, provide the following information:

a. Branch of service _____

b. Drafted or enlisted _____ c. Dates served _____

d. Rank at discharge _____ e. Honors _____

f. disciplinary actions _____

g. type of discharge _____

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SOCIAL HISTORY

40. List any hobbies or special training, skills or special interests that you have:

41. List any organizations (community, church/synagogue, social etc) that you are involved with:

42. Tell me about your social life? What friends do you see?

43. Do you have any particular religious affiliation _____yes _____no (check one). If yes, give name of religion.

44. Do you belong to a congregation or synagogue? _____ yes _____ no (check one) If yes, how often in the last year did you attend services?

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR RELATIONSHIP & MARITAL HISTORY

45. When did you meet the other parent? _____

46. If you lived together before marriage, give dates _____

47. Date engaged _____

48. Date married _____

49. List names and ages of children:

a. _____ b. _____

c. _____ d. _____

e. _____ f. _____

50. What are the custody and visitation arrangements?

51. Who is responsible for child support payments, if any? Are they up-to-date? What are the amounts and frequency of payments?

52. What kinds of problems did you have in the marriage? When did you notice them? How did you try to resolve them? How did the other parent try to resolve them?

53. Did you consider marriage counseling? Did the other parent consider marriage counseling? Did you attempt it? If not, why? If so, how did it go?

54. Who decided to separate? When? Who left the house? How was that decided? Where and with whom did the child live after the separation?

55. Date of separation(s) _____

56. Were there any reconciliation(s)? _____yes _____no (check one)

57. Who filed for divorce? _____ Date: _____

58. List your residences since your marriage and dates:

a. _____

- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

59. Have you dated since the separation? Have you been involved in any romantic relationships? With whom? When did this begin? How long did it last? Why did it end?

60. If you are dating currently, when do you see this person? How often? Under what circumstances? When did the child meet your friend? How do they get along? What kinds of things do you do that include the child? How often?

61. What would you expect to be your future involvement with this person?

62. Whom do you confide in if you have a personal problem?

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR BACKGROUND

63. Have you ever been in therapy or counseling, including individual, marital, or family? _____ yes
_____ no (check one). If yes, give dates, names and complete addresses of therapists.

- a. _____
- b. _____
- c. _____
- d. _____

64. If you are currently in therapy what are your goals?

- 1. _____
- 2. _____
- 3. _____

65. Has any physician ever prescribed medication for any emotional or psychiatric reasons? _____ yes _____ no (check one). If yes, give dates, name of medication, name of physician and address.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

PROVIDE THE FOLLOWING INFORMATION ABOUT LEGAL BACKGROUND

67. Have you ever been arrested? _____ yes _____ no (check one). If yes, provide dates, places and circumstances

68. Have you ever been questioned about or convicted of any crime? _____ yes _____ no (check one). If yes, give details:

69. Have you ever been under any investigation or supervision by any of the following:

- a. Child and Protective Services _____ yes _____ no
- b. Probation _____ yes _____ no
- c. Police _____ yes _____ no
- d. Court _____ yes _____ no

If yes, give complete details:

70. What are your current major life stressors? Please list and explain:

71. Do you drink alcohol at all? _____ yes _____ no (check one). If yes, provide details concerning types of alcohol, frequency, and any problems associated with alcohol, either presently or in the past.

72. Have you in the past or do you currently use any illegal drugs? _____ yes _____ no (check one). If yes, give details.

73. Do you currently have or have you had in the past, any chronic or recurrent health problems or physical handicaps? _____ yes _____ no (check one). If yes, provide the name of the medication, dosage, reason prescribed and name of physician.

74. List dates of and reasons for any hospitalizations you have had.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

75. Are you on any medication, or do you have any intellectual, learning, neurological, physical or other difficulties that may affect your ability to participate in this evaluation? _____ yes _____ no (check one). If yes, explain:

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR KNOWLEDGE OF THE OTHER PARENT

76. Do you have any of the following concerns about the other parent?

- a. abuse of alcohol _____ yes _____ no
- b. abuse of drugs _____ yes _____ no
- c. emotional abuse of children _____ yes _____ no
- d. physical abuse of children _____ yes _____ no
- e. sexual abuse of children _____ yes _____ no
- f. sexual behavior _____ yes _____ no
- g. physical health _____ yes _____ no
- h. potential for violent behavior _____ yes _____ no
- i. Potential for suicide attempt _____ yes _____ no

If yes to any of the above, give details

77. Is the other parent likely to express any of these concerns about you? _____ yes _____ no (check one).
If yes, give details.

78. Does the other parent drink alcohol at all _____ yes _____ no (check one). If yes, describe use:

79. List your Weaknesses:

80. List the other parent's weaknesses:

**PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SOCIAL ADJUSTMENTS AND
NEIGHBORHOOD**

81. Tell me about your neighborhood. What friends does the child have there? Where do they live? How old are they? When the child plays with friends, where do they play? What games and/or activities does the child play with friends? How do they get along?

82. How do you feel about the child's choice of friends? Do you and the child disagree about these friends?

83. Does the child play any sports? Take any lessons? Belong to any groups? Are you involved in any of these? (Driving, coaching, volunteering, etc)?

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

Signature

Date