

training, therapy and consultancy for adults and children

Information regarding the child

Name and Surname of child: _____ **Date:** _____

Gender: _____ **Date of birth:** _____

School/Nursery School/Day care: _____

Teacher: _____

Phone number: _____

This questionnaire does not have any right or wrong answers. Please answer each question as elaborate and accurate as possible in order to make a diagnosis and thus compile a effective treatment plan

1) Referral information

Reason for the referral:

Please mark the appropriate block:

Intellectual ability

Academic functioning

School readiness

Learning difficulties

Behavioural difficulties

Emotional difficulties

Other

Was your child referred for an assessment? YES NO

If so, by whom?

School therapist

Teacher

GP

Psychiatrist

Other _____

2) Birth History

Was the pregnancy planned? Yes _____ No _____

Were there any complications during the pregnancy? This includes trauma, medicine used by the mother, extreme stress, alcohol and drug use.

If so, please elaborate:

Term of pregnancy? _____

Type of birth: _____

Were there any complications during the birth?

If so, please elaborate?

At which age could the child:

Sit _____ Crawl _____

Walk _____ First words _____

3) Psychological background (Family)

Depression: _____ Genetic disorders: _____ Bipolar: _____

Drug/Alcohol use: _____ Enuresis/bedwetting _____ Epilepsy _____

ADHD/ADD: _____ Phobias: _____(Type?) _____

Schizophrenia: _____ Sexual abuse: _____
Developmental delays: _____
Physical abuse: _____ Emotional abuse: _____ Autism: _____
Anxiety disorders: _____ Hospitalisation due to emotional wellbeing: _____

4) Developmental background of the child

Has the child ever experienced any of the following?

Extreme fear

Extreme shyness

Aggression

Sleep difficulties (e.g. Regular nightmares)

Regular bed wetting / soiling of pants How often in a week? _____

How long has the child been dry/clean? _____

Trauma

Loss

Excessively inactive

Stealing behaviour

Tics

Other

Please elaborate:

Has your child ever been diagnosed with a psychiatric disorder (Ex ADHD, Anxiety, Autism)

Yes No

If so, please elaborate

5) Educational background (Please attach school report)

Has the child received pre-school education Yes No

If so, were there any problems? Yes No

Please elaborate:

Please provide information regarding the child's current academic functioning:

Very Poor

Poor

Average

Good

Very Good

Elaborate on the school and teacher's feedback

Which part of the school work does the child find easy and enjoy?

Which part of the school work does the child struggle with and find difficult?

Does the child take part in any extra mural activities? Yes No

If so, please complete the list below regarding the activity and the duration.

1. _____ Hours _____
2. _____ Hours _____
3. _____ Hours _____
4. _____ Hours _____
5. _____ Hours _____

How often do you notice impulsive behaviour in the child for example that the child runs across the street without thinking?

If so, please give an example

How often does your child demand your attention? _____

In which way does he/she demand this attention for example, crying?

Does the child masturbate? Yes No

How often? _____

How do you deal with this?

6) Social development

How many friends do your child have? _____

Please mark the appropriate statement below that describes your child:

Other children seek out my child to play

Other children ignore my child at times

He/she seeks out other children to play

My child prefers to play alone

My child is often in conflict with other children

Other:

How does your child get along with his/her siblings?

7) Family background

Has your child ever been exposed to any of the following:

Separation/Divorce Yes No

Marital problems Yes No

Family violence Yes No

Death of a parent Yes No

Death of a family member/friend Yes No

Unemployment Yes No

Chemical dependency Yes No

Serious illness in the family Yes No

Other

Please elaborate:

Does your relationship with the child influence your marriage?

If so, how?

How does the child react when there is marital conflict?

How often do you discuss marital conflict with the child?

How often do you and your partner disagree on the following?

Education and upbringing of the child:

If so, please elaborate

Discipline of the child?

If so, please elaborate

Has there been any significant changes to the child's school or sport progress during the past year?

Please describe the school/nursery school's feedback regarding the child?

Does the child use chronic medication? Yes No

Name of medication _____

Duration of use _____

Reason for use _____

Prescribing doctor? _____

Has the child received professional help previously? Yes No

If so, please describe the type of help and attach reports

Type of service	Name of professional person

Is there any other relevant and significant information which was not included in the questionnaire that you would like to mention?

Signature

Date