

## CHILD INFORMATION QUESTIONNAIRE

(To be completed by each parent for child)

Child's Name: \_\_\_\_\_ Sex: Male / Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Person completing this form: (Name) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Currently this child lives with: (Check one)

\_\_\_\_\_ My spouse and I in the same household (pre-separation)

\_\_\_\_\_ With me \_\_\_\_\_ days and \_\_\_\_\_ overnights per (check one) \_\_\_\_\_ week \_\_\_\_\_ month

\_\_\_\_\_ Other parent \_\_\_\_\_ days and \_\_\_\_\_ overnights per (check one) \_\_\_\_\_ week \_\_\_\_\_ month

\_\_\_\_\_ Other arrangement (explain) \_\_\_\_\_  
\_\_\_\_\_

### **School, Friendships, Social Life**

School or pre-school your child attends: \_\_\_\_\_

Name of your child's teacher: \_\_\_\_\_

How many different schools has your child attended? \_\_\_\_\_

Child's academic performance in the past 12 months has been:

\_\_\_\_\_ Outstanding \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average

Has there been a change in your child's academic performance over the past 12 months?

(circle one) Yes / No Comments: \_\_\_\_\_  
\_\_\_\_\_

How does your child feel about school:

\_\_\_\_\_ Appears to love school \_\_\_\_\_ Likes it enough \_\_\_\_\_ Doesn't like school

Does your child participate in extra-curricular activities? Describe: \_\_\_\_\_  
\_\_\_\_\_

**School, Friendships, Social Life Continued**

Approximately how many friends does your child have?

\_\_\_\_\_ None \_\_\_\_\_ One or two \_\_\_\_\_ 2 - 4 \_\_\_\_\_ 5 - 7 \_\_\_\_\_ More than 7

Does your child have a best friend? \_\_\_\_\_ yes \_\_\_\_\_ no

Please indicate, with regard to your child, what one personal activity, event, skill, or accomplishment are you proudest of? \_\_\_\_\_  
\_\_\_\_\_

**Child's Temperament and Coping Skills**

Over the past year, has your child experienced the loss of a loved one (i.e. relative, caregiver, friend, pet, etc.), through death, extended separation, moving away or other circumstances?

Explain: \_\_\_\_\_  
\_\_\_\_\_

How does your child deal with changes (i.e. new schools, babysitters, friends, new schedules, etc.)? \_\_\_\_\_  
\_\_\_\_\_

What have you found helps her/him cope with these changes? \_\_\_\_\_  
\_\_\_\_\_

How does your child deal with separating from you (i.e. leaving for school, sleepovers, camps, etc.)? \_\_\_\_\_  
\_\_\_\_\_

What helps your child with separations? \_\_\_\_\_  
\_\_\_\_\_

Check any problems your child has experienced (and add specific information, if desired):

- Temper tantrums
- Rejection or made fun of by peers
- Bullied or manipulated by peers
- Shyness
- Nightmares
- Bedwetting / soiling at night
- Wetting / soiling during the day
- Acts your for his/her age
- Difficulty making friends
- Difficulty keeping friends
- Aggressiveness, picking fights
- Discipline problems at school
- Cruel or malicious to other children or animals
- Delinquent acts such as breaking windows, shoplifting, etc.
- Argues a lot
- Difficulty concentrating
- Restless, difficulty sitting still, hyperactive
- Complains of loneliness
- Appears sad, unhappy, or depressed
- Changes in eating habits
- Sleep problems
- Harms self deliberately
- Suicidal thoughts
- Fearful, shy
- Refuses to go to school
- Clingy with parents, caregivers
- Destroys property of self, family, others
- Accident-prone
- Physical complaints with unknown medical causes:
  - Headaches     Nausea, vomiting     Aches/pains
  - Rashes, skin problems     Stomach aches
- Use of non-prescription drugs, abuse of prescription drugs, or abuse of alcohol
- Noticeable difficulty with changes in routines, schedules

### **Child's Perceptions, Reactions to the Separation/Divorce**

What are your child's reactions to the circumstances surrounding your separation/divorce?

What have you told your child about the situation?

Does your child ask questions or talk about the separation/divorce? If so, what does your child seem most concerned about?

In what ways might your child benefit from the separation/divorce?

### **Siblings, Relatives, and Family Friends**

Does your child have sisters or brothers? \_\_\_\_\_ yes    \_\_\_\_\_ no

What are your concerns about this child's relationships with his/her siblings?

Who are other relatives and family friends who are especially important to your child?

What should we know about his/her relationships with siblings, extended family members, or special family friends?

**Parent-Child Relationship**

What are your strengths as a parent?

What are your weaknesses as a parent?

## COMPILATION OF DATA BY CHILD SPECIALIST

(This 2 page form is completed by the Child Specialist, and is based on meeting at least twice with the child, as well as observations.)

Rate the child on the following traits:

	<b>Low</b>			<b>Medium</b>					<b>High</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b><u>Temperament</u></b>										
Activity Level	1	2	3	4	5	6	7	8	9	10
Comments										
Sensitivity Level (to noise, light, sounds, etc.)	1	2	3	4	5	6	7	8	9	10
Comments										
Adaptability Level (to change)	1	2	3	4	5	6	7	8	9	10
Comments										
Level of Persistence (re: frustration)	1	2	3	4	5	6	7	8	9	10
Comments										
Level of Emotional Intensity (Mellow → Extreme Moods)	1	2	3	4	5	6	7	8	9	10
Comments										
Predictability (Random Schedule → Predictable Habits)	1	2	3	4	5	6	7	8	9	10
Comments										
Adventurous (Cautious → Adventurous)	1	2	3	4	5	6	7	8	9	10
Comments										
Comfort Level with you at first meeting	1	2	3	4	5	6	7	8	9	10
Comments										
Independence, with regard to age	1	2	3	4	5	6	7	8	9	10
Comments										

**Observable knowledge, abilities, attitudes toward family and divorce**

	<b>Low</b>				<b>Medium</b>				<b>High</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Ability to express feelings	1	2	3	4	5	6	7	8	9	10
Willing to talk about the divorce	1	2	3	4	5	6	7	8	9	10
Understanding of the divorce	1	2	3	4	5	6	7	8	9	10
Attachment to Father	1	2	3	4	5	6	7	8	9	10
Attachment to Mother	1	2	3	4	5	6	7	8	9	10
Positive relationship to siblings	1	2	3	4	5	6	7	8	9	10
Knowledge of extended family	1	2	3	4	5	6	7	8	9	10
Attachment to extended family	1	2	3	4	5	6	7	8	9	10
Ability to formulate ideas and communicate them	1	2	3	4	5	6	7	8	9	10