Parent Questionnaire for Assessments

Child details	
Child's Name………………………………………………	Date of birth: ……………………………
School: ……………………………………………………	Year: ………………
Country of Birth: …………………….	Language Spoken at home: ………………………

Parent/Guardian #1	**Parent/Guardian #2**
Name: …………………………………………	Name: ……………………………………………
Country of Birth: ………………………….	Country of Birth: ……………………………
Contact details	**Contact details**
Home Address: ……………………………………………….	Home Address: ………………………………………………
Town: …………………………………………..	Town: ………………………………………..
Postal Address: ………………………………………………	Postal Address: ………………………………………………
Town: ………………………………Postcode: …………….	Town: ………………………………Postcode: …………….
Phone: ……………………………….	Phone: ……………………………….
Email: ……………………………………………………………….	Email: ……………………………………………………………….
Occupation: …………………………………………………….	Occupation: …………………………………………………….
Parent/s marital status (circle one if applicable): Single Married De facto Divorced	
Who does your child reside with (circle one): Both parents Mother Father Guardian Shared Custody	

Siblings:					
Name: ………………………………	Gender: M/F	DOB: …………….	Name: ………………………………	Gender: M/F	DOB: …………….
Name: ………………………………	Gender: M/F	DOB: …………….	Name: ………………………………	Gender: M/F	DOB: …………….

Pregnancy and Birth:			**(If answer is yes, please detail)**
Mother's age at birth			
Was the pregnancy planned?	Yes ☐	No ☐	
Did the mother have any illness or injury during pregnancy?	Yes ☐	No ☐	

Did she take any medications other than supplements?	Yes ☐	No ☐				
Did the mother drink during pregnancy?	Yes ☐	No ☐	Unknown ☐	Only before pregnancy was confirmed ☐	Occasional ☐	Regular, heavy drinking ☐
Did the mother smoke during pregnancy?	Yes ☐	No ☐				
Did the mother use drugs during pregnancy?	Yes ☐	No ☐				
Was the baby premature?	Yes ☐	No ☐				
Did the baby have any trouble at birth?	Yes ☐	No ☐				
Did the baby have any trouble in the early weeks (jaundice, infections, etc)?	Yes ☐	No ☐				

Developmental History:			
Was the child observed to reach all **verbal** milestones as expected? (if answer is no, please detail).	Yes ☐	No ☐	
Did the child reach all **motor** and **social** milestones within normal limits? (if answer is no, please detail).	Yes ☐	No ☐	

Medical History:		
Has the child had any significant accidents or illnesses?	Yes ☐	No ☐
Has the child ever been hospitalised?	Yes ☐	No ☐
Has the child ever had a head injury or been unconscious?	Yes ☐	No ☐
If yes provide details:		

Outlook Psychology

			Details
Does the child have any diagnosed medical conditions?	Yes ☐	No ☐	
Is the child currently taking any regular medication?	Yes ☐	No ☐	
Has the child had their eyes checked in the last 12 months?	Yes ☐	No ☐	
Has the child had their hearing checked in the last 12 months?	Yes ☐	No ☐	

Emotional and Behavioural History:		
Is there any history of trauma or notifications to Territory Families/Child services regarding the child?	Yes ☐	No ☐
If yes, please provide details:		
Is the child under any custody or protection orders, or under the care of a guardian?	Yes ☐	No ☐
If yes, please provide details:		
Does the child seem to suffer from any of the following ***more than most kids his/her age?***		

☐ Depression	☐ Anger/aggression	☐ Anxiety/worry	☐ Attention/Hyperactivity
☐ Behaviour Problems	☐ Loneliness	☐ Sleep problems	☐ Defiant
☐ Low self concept	☐ Technology addiction	☐ Unhappy at home	☐ Stealing

If yes, please provide details:

Educational History:		
Daycare/Pre-School:		
Name:	Year/s attended:	No. of Days/Week:
Name:	Year/s attended:	No. of Days/Week:
Primary School:		
Name:	Year/s attended:	
Name:	Year/s attended:	
Name:	Year/s attended:	
Name:	Year/s attended:	
High School:		
Name:	Year/s attended:	
Name:	Year/s attended:	
Name:	Year/s attended:	
Name:	Year/s attended:	

			Please provide details
Does the child like school?	Yes ☐	No ☐	
Does the child refuse to go to school?	Yes ☐	No ☐	
Does the child refuse to do homework?	Yes ☐	No ☐	
Is the child having any academic difficulties?	Yes ☐	No ☐	
Has the child ever been suspended?	Yes ☐	No ☐	
Has the child ever been expelled?	Yes ☐	No ☐	
Has the child ever been in any extension programs?	Yes ☐	No ☐	
Please list the subjects you feel are the child's strengths.			
Please list subjects you feel the child struggles with.			
Is the child receiving additional support and/or funding at school?	Yes ☐	No ☐	

Has the child repeated or skipped a grade? If so, which grade?	Yes ☐	No ☐	
Is the child having any behavioural difficulties at school?	Yes ☐	No ☐	
Is the child having any emotional difficulties at school?	Yes ☐	No ☐	
Has the child had any assessment at school or in relation to their education? If yes, please provide a copy.	Yes ☐	No ☐	

Peer Relations:				
Does the child report having friends?	Yes ☐	No ☐		
To your knowledge, how would you rate the child's relations with peers?	Excellent	Good	Fair	Poor
How often does the child report problems with bullying?	Never/Rarely	Sometimes	Often	Very Often
General comments on the child's friendships/social skills:				

Other Activities and Interests:	
Hobbies:	
Preferred activities during free time:	
Sports:	
Organisations:	

Family History:		
Is there a family history of academic difficulties or academic excellence?		
Yes ☐	No ☐	

If yes, please provide details including any diagnoses:
Is there a family history of behavioural, addiction or emotional difficulties?

☐ Depression	☐ Anger/aggression	☐ Anxiety/worry	☐ Psychosis
☐ Trauma	☐ Autism	☐ ADHD	☐ School difficulties
☐ Alcoholism	☐ Drug dependence	☐ Criminal behaviour	☐ Imprisonment
☐ Gambling	☐ Other addiction		

If yes, please provide details including any diagnoses:

Please detail the concerns which has prompted this assessment:

Questionnaire completed by: ……………………………………… Date: Click or tap to enter a date.