

**FAMILY DATA AND BACKGROUND QUESTIONNAIRE  
(FOR FAMILIES AND CHILDREN)**

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Sex: Male\_\_ Female\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_

School \_\_\_\_\_

Grade: \_\_\_\_\_

Does child receive special education services: \_\_\_\_\_ If yes, what  
type? \_\_\_\_\_

Person filling out this form and relationship to  
child \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_

Phone number \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_

Phone Number \_\_\_\_\_

If any parent's address is different from the child's please provide  
Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Is child adopted? Yes No If yes, what age was child adopted? \_\_\_\_\_

Does child know about adoption? Yes No

Marital status of parent's \_\_\_\_\_ If parent's  
are separated or divorced, how old was the child when separation occurred? \_\_\_\_\_  
If child is in foster placement please provide name and address and phone  
number \_\_\_\_\_

Are there step parents? Please list names  
\_\_\_\_\_  
\_\_\_\_\_

List all people living in the household:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any siblings are living outside of the home please list their names and ages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary language spoken in your home \_\_\_\_\_

**PRESENTING PROBLEM:**

Briefly describe your child's difficulties  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sources of information/Agency involvement: Who is concerned (parent's, significant  
other's, school, legal, agencies, etc.) and why are they concerned.

\_\_\_\_\_  
\_\_\_\_\_

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**SOCIAL AND BEHAVIOR CHECKLIST**

Place a check next to any behavior or problem that your child currently exhibits.

- Has difficulty with speech
- Has difficulty with hearing
- Has difficulty with language, describe \_\_\_\_\_
- Has difficulty with vision
- Has difficulty with coordination     prefers to be alone
- Does not get along well with brothers and sisters
- Is stubborn     Has frequent tantrums
- Has poor bowel control (soils self)
- engages in behavior that could be dangerous to self or others,  
Please describe \_\_\_\_\_
- Wets bed
- Bites nails
- Sucks thumb
- Gives up easily
- Has frequent nightmares
- Has trouble sleeping , describe \_\_\_\_\_
- Has trouble eating or with foods
- Aggressive
- Shy or timid
- Hyper
- More interested in things (objects) than in people
- Has specific fears, habits or mannerisms, describe \_\_\_\_\_
- Impulsive
- Slow to learn
- Other: describe: \_\_\_\_\_

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**DEVELOPMENT HISTORY**

Pregnancy and delivery

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**CHILD'S MEDICAL HISTORY**

Current MD, primary care physician \_\_\_\_\_

Current medical treatment (include medications and doses)  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical examination  
\_\_\_\_\_

Current Medical Problems/Issues  
Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVALUATION AND TREATMENT HISTORY**

Has your child ever been evaluated for developmental, behavioral, or learning problems?

\_\_\_\_\_ If so, what kind, by whom and what were you told about the results?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received psychiatric or psychological treatment? \_\_\_\_\_ If so, what type, by whom, how long, what were the results  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received any medication for his/her behavior or emotional problems? \_\_\_\_\_, Is so, what medication, what dosage, for how long, who prescribed, how effective was the medication?  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's psychological and social strengths? (what abilities your child has,

what activities she/he is particularly good at, what are your child's best points, etc.)

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Is there anything else not covered on this form that I should know about you or your child? \_\_\_\_\_

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This information is accurate to the best of my ability and memory.

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Signature	Date
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Print Name