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PARENT QUESTIONNAIRE

**Child's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Parent 1 Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Other adults living in the home with the child:

Name	Age	Relationship To Child

Other children living in the home with the child:

Name	Age	Relationship To Child

Why are you seeking an evaluation for your child at this time?

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Has your child had any previous evaluations for developmental, learning and/or behavioral issues in the past? (psychiatrist, developmental pediatrician, neurologist, psychologist, counselor, etc....) If so please list evaluators' name and date:

Name	Date

What do you enjoy most about your child?

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What do you see to be your child's strengths?

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What activities does your child enjoy the most? (e.g., sports, academics, favorite toys, games, etc....):

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How would you describe your child's temperament?

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How well does your child get along with his/her peers?

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Do you have any concerns regarding your child's behavior?

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Have there been any marked changes in academic, social, behavioral or adaptive function? If so, please explain:

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**Educational History**

Please list all of the schools your child has attended, beginning (if applicable) with preschool and continuing to the present:

Name of School	Years Attended	Primary Teacher/Contact

Has your child ever received special education services? If so please describe services received (e.g. resource, special day class, etc....) and duration.

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Has your child ever been referred for special education services but found ineligible? If so please describe:

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Has your child ever worked with a tutor or other educational specialist outside the school system? If so please list provider and services provided:

Provider	Services Provided

Do you have any concerns about your child's current performance at school?

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**Medical History**

Name of Child's Primary Pediatrician/Physician:

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Overall how would rate your child's health:

Excellent

Good

Fair

Poor

Date and outcome of most recent hearing test: \_\_\_\_\_

Date and outcome of most recent vision test: \_\_\_\_\_

Please note if your child has had any of the following health issues. If yes, please provide dates and specific information.

Condition	If Yes: Dates	Specifics
Hearst Disease		
Respiratory Disease		
Seizures		
Diabetes, arthritis, or other chronic condition		
Asthma		
Head Injury		
Accidents or injury requiring emergency room/hospital treatment		
Chicken pox, measles, mumps or other childhood diseases		
Frequent Ear Infections		
Speech and/or language issues		
Gross motor difficulties, clumsiness		
Fine motor skills		
Other (please specify)		

Drug allergies, if known: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Please rate your child's appetite:

Excellent                      Good                      Fair                      Poor

Please rate your child's sleep:

Excellent                      Good                      Fair                      Poor

Between what hours does your child sleep at night: \_\_\_\_\_

Does your child currently take any medications? \_\_\_\_\_

If yes please list names and current dosage:

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In addition to your child's regular pediatrician, please list any other health professionals with whom you have consulted (e.g. nutritionist, psychiatrist, cardiologist, neurologist, occupational/physical therapy, etc....)

Name	Specialty	Approx. dates of service	Issues

**Developmental History**

A. Pregnancy and Delivery

Length of pregnancy in weeks: \_\_\_\_\_

Was this a planned pregnancy: \_\_\_\_\_

Name of attending physician: \_\_\_\_\_

Please note the conditions that applied during your pregnancy with this child and please provide details if appropriate:

Condition	Details
Difficulty in conception	
Toxemia/Pre-eclampsia	
Frequent nausea, vomiting	
Hospitalization during pregnancy	
Excessive weight gain	
Rh factor incompatibility	
Serious illness or injury	
Used prescription medications	
Used marijuana or other substances	
Used alcoholic beverages (number of drinks per week)	
Smoked cigarettes (number per day)	
Other	

Please check if any of the following complications occurred during delivery/neonatal period:

	Placed in intensive care unit (how long? _____)
	Bilirubin lights (how long? _____)
	Breathing problems
	Supplemental oxygen used (how long? _____)
	Trouble breathing
	Seizures
	Infection
	Other (please specify: _____)

Delivery was:

Vaginal

Cesarean

Spontaneous

Induced

Child's weight: \_\_\_\_\_, length: \_\_\_\_\_ at birth

Apgar score: \_\_\_\_\_

Length of child's hospital stay after birth: \_\_\_\_\_ days

Length of mother's hospital stay after birth: \_\_\_\_\_ days

### B. Developmental Issues

At what age did your child first do the following:

Sit independently	_____
Social Smile	_____
Crawl	_____
Walk alone	_____
Feed self with utensils	_____
Drink from an open cup	_____
Speak in single words	_____
Combine words	_____
Ride a tricycle	_____
Speak in full sentences	_____
Bladder training, day and night	_____
Bowel training, day and night	_____
Attend school/day care (without parent present)	_____
Ride a bicycle (with out training wheels)	_____

During the first 3 years, please note which of the following were true for your child:

	Feeding issues		Sleeping issues
	Colic		Difficulty adjusting to schedule
	Alert		Cheerful
	Affectionate		Sociable
	Easy to comfort		Difficult to keep busy
	Overactive, in constant motion		Very stubborn, challenging

Does your child currently have any of the following issues:

	Is easily over stimulated in play		Overreacts when faced with a problem
	Seems overly energetic in play		Uncomfortable meeting new people
	Lacks self control		Requires a great deal of parental attention
	Seems unhappy most of the time		Is more fearful than others his/her age
	Withholds affection		Has learning problems
	Hides feelings more than peers		Uses drugs or alcohol
	Very stubborn, noncompliant		Has attempted to harm self or others
	Has a short attention span		Defies authority frequently
	Seems impulsive		Has been in trouble with the law

Is there a family history of learning, developmental or emotional problems? If so please specify:

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Additional comments and/or concerns:

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