

BACKGROUND INFORMATION

Child and Family Psychology of Carrboro
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I. Information about your child & family

1. Child's name and nickname:
2. Child's age and birth date:
3. Parents'/caretakers' names:
4. Names, ages, and birth dates of siblings and other household members:
5. How does your child get along with other family members?
6. Home address(es):
7. Home telephones/fax #s/e-mail addresses:
8. Parents' occupations and educational backgrounds:
9. Work telephones/fax #s/e-mail addresses:
10. Child's height and weight (numbers and/or percentiles if available):
11. Child's current physician, and address/phone contact information for physician if available:
12. Please describe your child's temperament and general personality:
13. What are your family's religious beliefs?

14. What types of activities does your child most enjoy, and does he or she participate in any structured or formal extracurricular activities?
15. What do you consider to be your child's strengths?
16. Describe your child's social skills and friendships
17. Do your child's plays skills seem age appropriate?
18. What motivates your child? What are his/her interests? Who are your child's heroes?
19. How does your child cope with stress, challenging, or unpleasant situations? How does your child respond when he or she does not get his/her way?
20. Does your child ever become aggressive towards others or harm his/her self? Have there ever been any threats to do so?
21. Please describe any behaviors that you consider to be unusual that your child exhibits? Do these concern you?
22. How much time a day would you say that your child spends engaged in screen time?

II. Description of Questions, Concerns, and/or Problems

1. Please describe the main question, concern, and/or problem for which you are seeking services at this time:

2. When did you first have this question, concern, or problem?

3. Have you ever sought assistance for this question, concern, or problem from other professionals? If so, please indicate from whom. What was helpful? What was unhelpful?

4. What is your current thinking regarding the most likely influences or causes of the concern or problem in question?

5. Please describe any other information that you think would be helpful to know about your child.

III. School Information

1. What grade is your child in?
2. School name:
3. Please list the names of your child's teacher (s):
4. What do you like or not like about your child' teacher(s) or school?
5. What kind of approaches are helpful with your child at school?
4. Please list child's previous schools attended, if any, including preschool (s):
5. Has your child ever repeated or skipped a grade?
6. Has your child ever received special educational services or accommodations in school (i.e., has an IEP or 504 Plan ever been developed?).
7. Please describe your child's present educational program (include number of teachers, size of classrooms, description of time outside of regular classroom, extracurricular activities, etc.
8. How does your child generally function in school academically and behaviorally? Does you child like going to school? Please describe strengths and weaknesses and include copies of any relevant academic records (e.g., recent report cards, EOG reports, results from group standardized testing).

IV. Developmental and Medical Histories

1. Were there any difficulties with pregnancy or the perinatal period of development?

2. Did your child reach early developmental milestones (e.g., sitting; standing; walking; articulation; communication; fine and gross motor movement; social skills) at the expected times? If not, please describe.

3. Please describe any significant health problems your child has had in the past.

4. Does your child have any health problems at present?

5. Does your child take any prescribed medications, herbs, or homeopathic treatments? Please list dosages if known.

6. Do you have any concerns about your child's sleep habits?

7. Do you have any concerns about your child's eating habits? Briefly describe your child's diet.

8. Does your child have any visual problems? Does s/he wear corrective lenses?

9. Has your child ever been suspected of having hearing problems?

10. Is there any family history of problems or differences with respect to learning or attention?

11. Is there any family history of clinically significant developmental disabilities, depression, anxiety, behavior and interpersonal problems, motor tics, and/or substance abuse?

12. Please describe any relevant medical history

IV. Prior Evaluations, Testing, and Treatment

1. Has your child had any previous individual psychological, psychoeducational evaluations or "testing?" If so, please describe, and provide copies of reports if possible.

2. How does your child tend to "test" on end-of-grade, end-of-course, or other group standardized tests (e.g., ERBs, CATs)?

3. Has your child ever been seen by a speech and language pathologist, occupational therapist, or a physical therapist?

4. Has your child ever been evaluated by or received treatment from a mental health professional?