



650 Clark Way
Palo Alto, CA 94304
650.326.5530

Medical Record Number _____
(For staff use only)

Please complete the following questionnaire in as much detail as possible prior to your scheduled interview.

The information you give us in this format is a critical component in helping group leaders make an effective match for your child in the right group with the right mix of kids.

After completing the questionnaire, please fax it to: (650) 688.0206, Attention: Access. In addition, please bring a copy of the questionnaire to your interview.

GROUP QUESTIONNAIRE

Child/Teen Name: _____
Birth Date: _____
Age: _____
Grade: _____
School: _____
Today's Date: _____

Parents: _____
Guardian: _____
Address: _____
Phone (H): _____
Phone (W): _____
Phone (C): _____
Email: _____

Who referred you to Children's Health Council? _____

Referrer's phone # _____

Child's pediatrician: _____

May we share information with your pediatrician?*

- Yes
- No

* If yes, we will ask you to sign a release to share information.

Are there other professionals your child is seeing that you would like us to share information with?

Of our current group offerings (listed in current brochure or on CHC website), which group appears to best match the needs of your child?

Please list your current concerns about your child:

1.

2.

3.

How aware is your child of your concerns?

TELL US ABOUT YOUR CHILD/TEEN

How does s/he spend the most of his/her free time?

What structured activities, if any, does your child participate in on a regular basis? (Scouts, team sports, etc.)

If your child participates in structured activities, how does he/she feel about these activities?

What are your child's interests?

Please describe your child's strengths.

What concerns do you have about your child at school? (e.g., academic performance, social adjustment, special services)

Does your child have an IEP?

- Yes
- No

How does your child feel about going to school?

Do you have any concerns about possible substance abuse or use?

- Yes
- No

Does your child have any involvement with the legal system?

- Yes
- No

Please Elaborate: _____

FAMILY HISTORY

What languages (other than English) are spoken in the home?

Have there been any major family stresses or changes in the past year? (moving with change of school, divorce, significant illness, death, etc.) What effect has this stress had?

If Parents are Divorced or Separated:

When did parents divorce or separate? _____

Who has legal custody of the child? _____

Current physical custodial agreement

___% parent A (name) _____

___% Parent B (name) _____

Please note: CHC will need both custodial parents to sign consent for services here at CHC.

How is the relationship between divorced parents?

CONCERNS CHECKLIST – PLEASE CHECK THOSE WHICH APPLY TO YOUR CHILD

Social

- Is immature
- Is stubborn
- Has low self-esteem

- Is socially isolated
- Has difficulty communicating interests
- Has difficulty accepting criticism
- Has limited social perceptiveness
- Gives in to peer pressure
- Is uncooperative
- Has poor skills on playground or at recess
- Is overly compliant
- Is selfish
- Seems suspicious of other people
- Refuses to share
- Shows sexually provocative behavior
- Blames others for problems
- Has difficulty seeking help
- Has difficulty accepting help from teacher
- Has difficulty accepting help from peers
- Does not get along with other children
- Does not offer opinions and answers when asked
- Does not enjoy group activities
- Does not show concern for others' feelings and property
- Solves conflicts by shouting, fighting, or intimidating others
- Avoids others
- Has anger management problems
- Displays inappropriate humor
- Seeks to manipulate others
- Is rigid and opinionated
- Has unusual interest in sensational violence

Other:

Affect/Motivation

- Is easily frustrated
- Shows anger quickly
- Has limited motivation
- Is often anxious
- Is depressed or unhappy
- Has low interest in school work
- Is self-critical
- Is over excitable
- Is hyperactive
- Has temper tantrums
- Has unusual fears
- Is easily annoyed
- Frequently cries
- Is tense and fearful
- Seldom shows emotion
- Is shy or timid
- Is upset by changes in routine
- Has wide mood changes
- Feels hopeless
- Is easily distracted

Other:

Problem Solving

- Has difficulty figuring out how to do new things
- Has difficulty making decisions
- Has difficulty planning ahead
- Has difficulty solving problems a younger child could do
- Is disorganized in his/her approach to problems
- Has difficulty understanding explanations
- Has difficulty doing things in the right order (sequencing)
- Has difficulty verbally describing the steps involved in doing something
- Has difficulty completing an activity in a reasonable period of time
- Has difficulty changing a plan or activity when necessary
- Is slow to learn new things
- Has difficulty switching from one activity to another activity
- Is easily frustrated
- Has difficulty structuring free time or his/her personal time productively

Other:

Motor and Coordination

- Has poor fine motor skills (e.g., using a pencil or crayon)
- Has illegible handwriting usually
- Demonstrates physical weakness
- Demonstrates physical shakiness
- Has muscle tightness
- Has difficulty learning new movements
- Drops things more than most children
- Has an unusual walk
- Cannot walk up or down stairs like other children the same age
- Falls out of chair
- Seems clumsy

Other:

Sensory Issues

- Has an unusual movement (hand flapping, rocking, spinning, etc.)
- Is sensitive to light, sound, movement or touch
- Doesn't notice when hands or face are dirty
- Tends to crash into objects or people
- Is constantly on the go
- Has difficulty brushing teeth
- Has difficulty having hair cut
- Doesn't like the texture of certain foods

- Has restricted food preferences
- Has atypical, inappropriate posture
- Uses too much force when using hands
- Chews on inedible objects (e.g., shirt, pencil)

Other:

Self-Care Skills

- Has poor personal hygiene (e.g., such as washing face or hands)
- Has problems dressing him/herself
- Cannot use utensils
- Is a messy eater
- Does not remain seated during meals

Other:

Speech/Language

- Speaks in shorter sentences than other children the same age
- Does not know names of common objects
- Has difficulty recalling familiar words
- Substitutes vague words (e.g., "thing") for specific words
- Responds better to gestures than to words
- Does not make appropriate gestures to communicate
- Uses gestures instead of words to express ideas
- Has difficulty making speech understood (poor articulation)
- Speaks very slowly or too fast
- Has difficulties with conversation
- Cannot answer questions
- Has difficulty talking about what happened that day at school or telling a story
- Makes sounds but not words
- Mixes up the order of events
- Seems uninterested in communicating
- Has difficulty understanding what others say to him/her
- Prefers to speak to adults only
- Prefers to speak to children only
- Prefers to speak to family members only
- Speaks in a monotone or exaggerated manner
- Asks for statements to be repeated more than you might expect, e.g., what did you say?

Other:

Educational/Academic

- Has poor reading comprehension
- Has poor listening comprehension
- Has poor grammar

- Has poor math computation skills
- Does not retain math facts
- Has poor spelling skills
- Written work does not match oral/verbal ability
- Refuses to do homework
- Forgets homework
- Has difficulty paying attention in class
- Has difficulty waiting turn in school
- Has difficulty taking notes in class
- Takes an unusually long time to finish written assignments
- Has difficulty getting along with teacher
- Has difficulty getting along with other children
- Dislikes school
- Resists going to school
- Has difficulty waiting turn in school
- Constantly misplaces, loses, or forgets belongings
- Has difficulty respecting others' rights
- Avoids reading whenever possible
- Has difficulty reading out loud
- Becomes frustrated by attempts to read, write or speak correctly
- Low academic self-esteem (often says "I can't do it" or "I don't know")

Other:

HISTORY OF PROFESSIONAL HELP

Is your child currently receiving help from professionals to address your concerns?

- Yes
- No

If yes, please list below:

Psychological/Psychiatric:

Dates	Name	Treatment

Is your child currently taking any prescription drugs?

- Yes
- No

Medications	Dates	Prescribing Doctor

Behavioral:

Dates	Therapist's Name	Treatment

Educational therapy / Resource assistance:

Dates	Therapist's Name	Treatment

Speech and Language:

Dates	Therapist's Name	Treatment

Occupational or Physical Therapy:

Dates	Therapist's Name	Treatment

Other:

What else would you like to tell us about your child or your family that might help us better understand your concerns?
