



Compass Psychological Associates

Providing Direction and Hope for Children and Families

Serving the North Central Texas Region

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Parent Questionnaire

Child's Name _____ Age _____ DOB _____ Grade _____

Date of Placement in your home _____ School District _____

Background Information

Reason(s) for placement into care _____

Visitation arrangements _____

Siblings and location of placement _____

Please describe any significant concerns you have for your child _____

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Please check the items that best describe your child

Behavior

- Well behaved/typical child
- Often talks back
- Very high energy level
- Often angry
- Frequently interrupts
- Destructive/breaks items
- Frequently lies

- Sexually acts out
- Normally follows rules
- Regularly disobeys
- Has been arrested
- Drug/alcohol use
- Problems paying attention
- Very impulsive
- Steals – school/community
- Runs away (at least 2 times)

- Bullies Others
- Often hits, kicks others
- Frequent temper tantrums
- Easily distracted
- Blames others for problems
- Trouble sitting still
- Often overreacts
- Other

Home and Community

What activities/hobbies does your child enjoy? _____

What are your child's strengths? _____

Emotional-Social

- | | | |
|--|--|--|
| <input type="checkbox"/> Often sad | <input type="checkbox"/> Says he/she hears voices | <input type="checkbox"/> Talks of suicide |
| <input type="checkbox"/> Talks of missing parents | <input type="checkbox"/> Gets along well with others | <input type="checkbox"/> Excessive fears |
| <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Difficulty making friends | <input type="checkbox"/> Hurts self |
| <input type="checkbox"/> Feels he/she is no good | <input type="checkbox"/> Often argues with adults | <input type="checkbox"/> Liked by other children |
| <input type="checkbox"/> Often shy | <input type="checkbox"/> Easily angered | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Constantly wants attention | <input type="checkbox"/> Often argues with children | <input type="checkbox"/> Often cries |
| <input type="checkbox"/> Often isolates, plays alone | <input type="checkbox"/> Has at least one friend | <input type="checkbox"/> Frequently worries |

- Often appears nervous
- Easily scared

- Seeks negative peers
- Other

Child's Name _____

School

- | | | |
|--|---|---|
| <input type="checkbox"/> Does well in school | <input type="checkbox"/> Often avoids homework | <input type="checkbox"/> Give up easily |
| <input type="checkbox"/> Behind in reading | <input type="checkbox"/> Slow to learn new material | <input type="checkbox"/> Was retained/held back |
| <input type="checkbox"/> Behind in writing | <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Incomplete assignments |
| <input type="checkbox"/> Behind in math | <input type="checkbox"/> Dislikes school | <input type="checkbox"/> Other |

Does your child receive Special Education Services? _____ Grades _____

Any supports? (E.g. Resource, tutoring, etc.)? _____

Overall educational progress _____

Health and Medical

- | | | |
|---|---|---|
| <input type="checkbox"/> Sleeps well | <input type="checkbox"/> Toilet accidents | <input type="checkbox"/> Poor appetite/skips meals |
| <input type="checkbox"/> Often has nightmares | <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Frequent aches/pains |
| <input type="checkbox"/> Has trouble falling asleep | <input type="checkbox"/> Speech problems | <input type="checkbox"/> Vision or hearing problems |
| <input type="checkbox"/> Difficult to wake up | <input type="checkbox"/> Seizures | <input type="checkbox"/> Poor hygiene habits |
| <input type="checkbox"/> Does not get enough sleep | <input type="checkbox"/> Complains of aches/pains | <input type="checkbox"/> Other |
| <input type="checkbox"/> In good health | <input type="checkbox"/> Good appetite/eats well | |

Current medications/medical concerns?

Diagnosis given/reason for medications? _____

Therapy? _____ If yes, how often? _____

What other information would be helpful in working with your child? _____

(Use back for any additional comments)

Parent

Date

Thank You