WRIGHT STATE UNIVERSITY

ELLIS HUMAN DEVELOPMENT INSTITUTE

PARENT BACKGROUND FORM

Please answer all of the following questions as honestly as possible with a BLUE or BLACK INK PEN.

CLIENT NAME: _____ **NUMBER:** _____ **DATE:** _____

DATE OF BIRTH: _____ **SEX: M __ F ___**

FORM COMPLETED BY: _____

RELATIONSHIP TO CHILD: _____
(Please indicate if child is adopted)

Why are you referring your child for services at this time: _____

Who referred you to us: _____

MEDICAL HISTORY

1. **The child's present state of health is: ___Good ___Fair ___ Poor**

2. **Does she/he currently have any medical problem(s)? ___No ___Yes**
   If you answered "yes," please indicate the nature of the problem(s): _____
   _____
   _____

3. **When was she/he last treated by a physician? Date:** _____
   Please indicate where: ___Private ___Physician ___Clinic
   Name of Physician or Clinic: _____
   Address: _____
   _____

4. **When did she/he receive his/her last physical? Date:** _____
   Name of Physician or Clinic: _____
   Address: _____
   _____

5. **Do you have a family physician: ___No ___Yes**
   Name of Physician: _____
   Address: _____
   _____

6. **Please check any of the following which have been a problem for your child:**
   ___ Sleep problems **___ Problems w/ motor coordination**

____	High or prolonged fever	____	Shortness of breath
____	Convulsions	____	Low blood pressure
____	Unconsciousness	____	Ulcers
____	Allergies	____	Underweight
____	Asthma	____	Overweight
____	High blood pressure	____	Epilepsy
____	Vision Problems	____	Menstrual problems
____	Stomach trouble	____	Hernia
____	Dizziness	____	Chronic Cough
____	Constipation	____	Bladder infections
____	Vaginal infections	____	Problems w/ motor coordination
____	Low blood pressure	____	Shortness of breath
____	Other, please specify: _____		

7. **Does this child have any allergies? ___No ___Yes**
If "yes," please name the drug(s), food(s), or other substance(s) to which she/he is allergic: _____

EARLY DEVELOPMENT

1. **Did the mother have any difficulties with the pregnancy, labor, or delivery of this child? ___No ___Don't Know ___Yes**
If 'Yes', please specify: _____

2. **What was the child's weight at birth: ____lbs. ____oz.**

3. **Did the child have any problems at birth? __No ___Don't Know ___Yes**
If 'Yes', please specify: _____

4. **Was this child's rate of development normal during the first 18 months?**
___No ___Don't Know ___Yes
If 'Yes', please specify: _____

5. **Please check the appropriate age at which your child performed the following:**

	Under 6 Months	Between 6 Mths-1 Year	Between 1 & 1½ Years	Over 1½ Years	Unknown
Crawled	___	___	___	___	___
Walked	___	___	___	___	___

Talked	___	___	___	___	___
Toilet Trained	___	___	___	___	___

5. Check any of the following which describe how you felt about having this child:

___Happy ___Unprepared ___Unhappy
___Nervous ___Life disrupted ___Financially burdened
___Excited ___Fulfilled
___Other, please specify: _____
_____
_____

6. Which of the following best describes this child as an infant?

___Fun ___Sickly ___Fussy
___Overactive ___Quiet ___Irritating

Summary
(please do not write in this space)

_____
_____
_____
_____

SOCIAL AND FAMILY HISTORY

1. What grade is this child in now? _____
2. How many different schools has this child attended? _____
3. What kind of grades does she/he make in school? _____
   ___Excellent ___Good ___Fair ___Poor ___Failing
4. Has this child ever repeated a grade? ___No ___ Yes
   If 'Yes', please specify: _____
   _____
   _____
5. Has this child ever had specialized testing at school?
   ___No ___Yes
   If 'Yes', please specify: _____
   _____
   _____
6. How would you describe the child's school attendance? ___Good ___Fair ___Poor
7. Does this child have problems in school? ___No ___Yes
   If 'Yes', please specify: _____

_____

_____

8. How well does this child get along with other children?

___Very well ___Not very well

___Satisfactory ___Very poorly

9. Does this child participate in school activities? ___No ___Yes, some ___Yes, many

10. Choose those characteristics which describe your child's attitude toward authority figures (teachers, parents, etc.)

___	Assertive	___	Cooperative
___	Defiant	___	Excessive demands for attention
___	Fearful	___	Overly anxious to please
___	Respectful	___	Shy
___	Submissive	___	Uncooperative

11. Are most of this child's close friends: ___Same age ___Older ___Younger

12. Are most the child's close friends: ___Same age ___Opposite sex ___Both sexes

13. What does this child do well? _____

_____

_____

14. Does this child have interests or hobbies she/he enjoys? ___No ___Yes

If 'Yes', please specify: _____

_____

_____

15. Does this child have a strong fear about any of the following?

___	Being left alone	___	Being in crowds
___	The dark	___	Strangers
___	Any animals or insects	___	Bodily harm
___	Thunder or lightning	___	Death
___	Closed in places	___	Riding in a car
___	High places	___	No known fears
___	Other, please specify: _____		

_____

16. Check any of the following which apply to your child:

___	Lonely	___	Obedient	___	Clumsy
___	Dependable	___	Destructive of property	___	Energetic
___	Fire setting	___	Sleep-walking	___	Shy
___	Friendly	___	Acts young	___	Artistic for age
___	Cruel to animals	___	Acts old for age	___	Overactive

___	Rigid/compulsive	___	Feelings easily hurt	___	Impulsive
___	Intelligent	___	Easily influenced	___	Clinging
___	Daydreaming	___	Sleep problem	___	Stubborn
___	Messy	___	Sense of humor	___	Lazy
___	Bed wetting	___	Nail-biting	___	Tells lies
___	Irresponsible	___	Self-confident	___	Considerate
___	Cries easily	___	Fights constantly	___	Steals
___	Loving	___	Likes to be alone	___	Jealous
___	Often sad	___	Unsure of self	___	Nightmares
___	Nervous	___	Temper tantrums	___	Short attention span
___	Independent	___	Many physical complaints		

17. Has your child ever had previous treatment for any of the above? ___No ___Yes
Whom did she/he see? _____

Address: _____
_____

18. Did anything happen that affected the family shortly before your child's behavior problem occurred?

___Death – Specify: _____
_____
___Job change – Specify: _____
_____
___Divorce/Separation – Specify: _____
_____
___ Birth/Adoption – Specify: _____
_____
___Other – Specify: _____
_____
___No

21. Check all persons with whom this child has lived most of her/his life and indicate how well s/he gets along with these people.

	GOOD	FAIR	POOR
Natural Mother	___	___	___
Natural Father	___	___	___
Stepmother	___	___	___
Stepfather	___	___	___
Adoptive parents	___	___	___

Foster parents	___	___	___
Brothers (list)	___	___	___
	___	___	___
Sisters (list)	___	___	___
	___	___	___
Other relative(s) (who?)	___	___	___
	___	___	___
Institution (where?)	___	___	___

22. **Whom does child live with now?** _____

23. **In your family, who likes your child best?** _____

24. **In your family, who likes her/him least?** _____

25. **Does your child remind you of anyone else (yourself, spouse, a relative)?**
___No ___Yes
If 'Yes', please specify: _____
_____
_____

26. **Does another child in this family have a serious medical or emotional problem?**
___No ___Yes
If 'Yes', please specify child and condition: _____
_____
_____

27. Does your family regularly engage in family activities? ___No ___Yes
Please describe: _____
_____
_____

28. Have you had trouble with the police? ___No ___Yes

If 'Yes', please specify: _____
_____
_____

29. Has your child had trouble with the police? ___No ___Yes
If 'Yes', please specify: _____
_____
_____

30. Please complete the following:	Child's Mother	Child's Father	Step-Parent, if applicable
Age (present)	_____	_____	_____
Age when first married to First spouse	_____	_____	_____
Total number of marriages	_____	_____	_____
Number of children by previous Marriage	_____	_____	_____
Years of schooling	_____	_____	_____
Occupation	_____	_____	_____

31. How often do you attend religious services? _____

32. Check any of the following which describe your relationship with your current spouse:

_____Stormy	_____Indifferent	_____Unrewarding
_____Disappointing	_____Harmonious	_____Impossible
_____Happy	_____Mistake	_____Understanding
_____Devoted	_____ Wholesome	_____Hopeless
_____Insecure	_____Average	_____Secure

33.I In general, would you say life in your present family is:
_____Excellent _____Good _____Fair _____Poor _____Bad

34.How do you get along with your other child(ren)?
_____Very well _____Fairly well _____Not very well _____Very poorly

35.How well does your spouse or partner get along with your other child(ren)?
_____Very well _____Fairly well _____Not very well _____Very poorly

36.How do you usually punish your child(ren)?
_____Spanking
_____Withholding privileges
_____Privileges
_____Assigning work duties
_____Spanking and withholding
_____Other, specify
_____

37.How does your spouse/partner usually punish your child(ren)?
_____Spanking
_____Withholding privileges
_____Privileges
_____Assigning work duties
_____Spanking and withholding
_____Other, specify
_____

38. Is getting away from your child(ren) -(having time for yourself) a problem for you?
_____No _____Yes

39. Do you feel your life is being disrupted by this child? ___No ___Yes

40. Do you or others feel you or your spouse/partner have a problem with use of drugs or alcohol?
_____No

_____Yes, I do with_____

_____Yes, my spouse does with_____

41. Do you and your spouse disagree frequently about this child?
_____No _____Yes

42. Was your home life a happy one? _____No _____Yes

43. Were you raised by your natural parents? _____Yes _____No
_____Specify by whom: _____

44.How were you usually punished as a child?
_____Spanking
_____Withholding privileges
_____Privileges
_____Assigning work duties
_____Spanking and withholding
_____Other, specify
_____

45.Carefully read the following list, then check up to five (5) traits that were stressed in your home during your childhood.

_____Personal appearance	_____Fun	_____Morality
_____Warmth and affection	_____Religion	_____Pride
_____Power and position	_____Initiative	_____Work
_____Aggressiveness	_____Manners	_____Survival
_____Social obligations	_____Thrift	_____Obedience
_____Cleanliness	_____Honesty	_____Security
_____Independence	_____Ambition	_____Other, specify
_____Generosity	_____Education	_____
_____Quietness	_____Health	

46.Please state here any additional information you feel may be important (include how you think this child could be helped, i.e., counseling with parents and/or teacher, psychological testing, medication, individual therapy, etc.):_____

_____

_____

_____

_____