

Consultation Questionnaire

Completed by:

Please complete the form in as much detail as possible. Separate statements from each parent or caregiver is helpful.

Child's name _____ Age _____ Date of birth: _____

Address _____

Telephone _____

School _____

School Address _____

School phone _____

Teachers _____

Mother's name _____

Address _____

Mother's phone _____

Father's name _____

Address _____

Father's phone _____

List all people who live in the home, including siblings, other relatives, care givers, etc. Please list ages and describe relationships

Describe your child's strengths and weaknesses (please attach additional pages if necessary)

What specific problems would you like to see addressed in this consultation? What is your goal for the consultation?

How do you discipline your child?

Describe your child's friendships and other important relationships to your child _____

When is your child happiest? What are his/her special interests/loves?

How would you describe your parenting style?

Are there any medical issues that concern you with your child? Has there been any significant physical, learning or emotional screening recommended? If completed, what was the outcome of the screening?

Is your child currently on medication? _____ If so, medication:

Is your child currently under therapeutic care? Please describe

Please include any other pertinent developmental information that you think might be important

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