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Parent Questionnaire

Today's Date: _____

Name of Child: _____ DOB: _____

Parent's name(s): _____

Parent's age(s): _____

Street Address: _____

City _____ Zip _____

Siblings: _____

Name

Age

Name

Age

Name

Age

Information:

1) Briefly describe your concerns for your child:

2) Describe your growth goals for your child:

3) What are you aware would impede the attaining of these goals?

4) How would you describe your relationship with your child currently?

5) Describe your most significant struggle with your child?

6) How do you want to grow as a result of this process?

7) Describe how your child is doing in school?

8) What are your educational goals for your child? Does the child agree with these goals?

9) Have there been any changes in the child's life in the last year? (loss of a loved one, friend issues, etc)

10) Is your child on any medication? If so, what medication exactly?

11) Are there any physical, emotional or mental conditions now or in the past that I need to be aware of?

12) Are the biological parents divorced or separated? Yes No If Yes, for how long?

13) Has the child participated in counseling before? Yes No

Name of Therapist: _____

From when to when: _____

Reasons: _____