

**Wendy A. Campbell, MFT
Individual & Family Therapist**

Parent Questionnaire

Name of youth: _____ DOB: _____

Parent's name(s): _____

Parent's age(s): _____ Date: _____

Address: _____
 Street City Zip

Siblings:	_____	_____	_____	_____
	Name	Age	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: _____