

Parent/Legal Guardian Questionnaire

5. Please note any significant changes and/or stressors that have occurred (included dates):

6. What are your family's religious/spiritual beliefs? (i.e., are you member of a particular religious group?)

7. What is your family's cultural background?

Family Medical/Mental Health Background:

1. Does your teen or *anyone in the immediate family* have any significant medical issue (current or past?). If yes, please describe.

2. Has anyone in your family been diagnosed/treated for a mental illness? (i.e., Depression, Bipolar Disorder, Schizophrenia, Obsessive-Compulsive Disorder, Anxiety/Panic, Attention Deficit Disorder) If yes, please describe.

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Family Educational/Occupational Background:

1. What school is your teen currently attending? _____
Current Grade: _____
2. Is your teen classified to receive Special Education Services? If yes, please describe and provide date of last IEP.
3. How is your teen doing in school? Any concerns? If yes, please describe.
4. Please describe your teens overall school performance. (Kindergarten to current)
5. Please describe the *parent(s) educational background* and *current occupation/employment status*. Please describe if there have been or are any impairments in occupational functioning.

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Individual Development of your teen:

Birth History:

How did your child join your family? *Please circle which applies:*

- Natural Conception
- Use of Reproductive Technology
- Foster Care/Adoption

Were there any pregnancy stressors that occurred for your child (in utero), for the mom or the family in general?

Any particular stressors that occurred surrounding your child joining your family?

Please describe your experience of your teen's overall developmental course.

- *Did your teen achieve his/her milestones within a normal range? If no, please describe.*

- *Did you have any concerns for your teen's development at any different stages? Please describe.*

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- *Does your teen use social media apps? If yes, which ones? And, have there been any concerns regarding your teens use of technology and/or social media apps? If yes, please explain.*

Is there any other information that has not been asked for in this questionnaire that you would like to provide now?

Thank you for completing this assessment form!