Parent/Guardian Intake Form

TO BE COMPLETED BY CHILD'S PARENTS/LEGAL GUARDIAN

Parent Information									
Date									
Parent's Name(s)									
Address				City _			Zip		
Home Phone	Work Phone				Cell Phone				
Place of Employment									
Date of Marriage				Marit	al Statu	S			
Previous Marriages and Dat	es								
Describe your marriage: 1_	2	3	4	_ 5	_				
Unl	nappy			Ver	у Нарру	/			
Describe your parents' marr	iage:	1 2	3 _	4	5	_			
	U	Unhappy			Very Happy				
NAMES, AGES AND SEX children from previous ma 1 Ag	rriage	es, and c	children	deceas	ed):				
2 Ag									
3 Aş									
List your highest educationa									
What is your current family									
How do your parents relate									
Describe your parent's meth		-							

Please indicate and explain family history of:
Drug/alcohol abuse
Psychological/emotional problems
Learning/behavioral/reading problems
• Counseling
Describe your family life: 1 2 3 4 5
Unhappy Very Happy
If you could change one thing about yourself what would it be?
If you could change one thing about your mother? If you could change one thing about your father?

Child Information

Child's Name Birth Date	
What is your parenting style?	
How do you and your spouse handle differences in parenting style?	
Describe your method of dealing with your child's negative behaviors:	
How does your child respond?	
Describe your method of dealing with your child's positive behavior:	
Describe, briefly, what you believe your child's problems are:	
What are your expectations for your child?	
List the stressors your child has had in their life?	
Describe your child's school and teaching staff:	
Is there any other information you think may assist your child's counselor in the current situation? Yes No	nt