



**ASHBURN PSYCHOLOGICAL  
& PSYCHIATRIC SERVICES**  
CHILDREN • ADOLESCENTS • ADULTS • FAMILIES

**SUCCESS AND WELLNESS COACHING SERVICES  
Parent Questionnaire**

Child's Name:

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Age:

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DOB:

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Person Completing Form:

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School Name:

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Grade:

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Mother's Name and Occupation:

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Father's Name and Occupation:

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**Reason for seeking service**

Please describe your motivations for seeking our services.

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**Living Situation**

Please state the adults currently living with the child, and those who don't. (Please put names in the appropriate boxes.)

	Adults with whom the child is living	Adults with whom the child is not living
Natural Mother		
Natural Father		
Stepmother		
Stepfather		

Adoptive Mother		
Adoptive Father		
Other (Please specify)		

**Comprehension**

Does your child understand directions and situations as well as other children his/her age? If not, what did you observe?

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**Perceived Intelligence Level**

How would you rate your child's overall level of intelligence compared to other children? Below Average | Average | Above Average

**School Performance**

How would you rate your child's academic progress each year?

	Poor	Average	Good
Kindergarten			
First Grade			
Current Grade			

**Academic Level**

To the best of your knowledge, at what grade level is your child performing in History, Language Arts, Mathematics, Reading, Science, Spelling, and Writing?

History	
Language Arts	
Mathematics	
Reading	
Science	
Spelling	
Writing	

**Grade Repetition**

Has your child ever had to repeat a grade? If so, which one? \_\_\_\_\_

**Specific Education Services**

Describe any specific education services your child is currently receiving.

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**Academic or School Problems**

Please describe any academic or school problems your child might have.

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**Peer Relationships**

- 1. Does your child seek friendships with peers?            Y or N
- 2. Is your child sought by peers for friendship?            Y or N

Does your child play with children primarily: his/her own age | younger | older  
Please give ages: \_\_\_\_\_

**Interests and Accomplishments**

- 1. What are your child's main hobbies, interests?

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- 2. What are your child's areas of greatest accomplishment?

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- 3. What does your child enjoy doing most?

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- 4. What does your child dislike doing most?

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**Medical History**

If applicable, please provide details about your child's medical history, including childhood diseases, operations, head injuries, and current treatments.

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**Family History**

Please provide information about any learning, behavior, or medical problems in the child's immediate family, including any similar problems experienced by blood relatives of both parents.

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**Professional Consultations**

Please list names of any other professionals consulted about your child's difficulties.

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**Additional Remarks**

If you have any other observations or comments about your child's difficulties, please include them here.

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