CIRCLE IN THE SQUARE *Relationship-based child & adolescent therapy groups*

109 Park Washington Court • Falls Church , Virginia 22046 • (703) 533-5824 x 5

David F. Flohr, Ph.D., CGP
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David A. Beigel, L.P.C., CGP
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CHILD INTAKE QUESTIONNAIRE

This form will allow you to provide us with valuable background information as we move forward. Please complete all sections carefully and share in your own words and through your own experience what you know about your child.

Child's Name: _____ DOB: _____

Grade: _____ School: _____

What current concerns led you to consider the therapy for your child?

_____

_____

_____

_____

Describe the history and development of these concerns throughout your child's life.

_____

_____

_____

_____

Describe your child's peer relationships. How does he/she engage with peers and adults? What are his/her typical patterns of relating with others?

_____

_____

_____

_____

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What impacts do you see your child's difficulties having on family life? On other specific family members?

What changes do you hope to see in your child's overall development at the conclusion of his/her involvement in the group?

What interventions have you tried (including work with other professionals) to help your child with the above concerns. What have been the results of your efforts?

Describe your style of parenting. Include what you see as particularly important in the parent-child relationship. What are your central family values? Your approach to discipline and limit setting?

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Please provide a brief summary of your child's development in the following areas noting specific areas of concern:

a) speech
b) motor (fine and gross) skills
c) sleep/eating/toileting
d) school adjustment

Describe any history of mental health or substance abuse problems in your immediate and extended family.

Please provide any other developmental and/or family information(critical incidents, traumas, special circumstances) which you feel would be helpful to us in our work with your child.