



CHILD & ADOLESCENT INTAKE QUESTIONNAIRE

The following questionnaire is to be completed by the parent or guardian. This form has been designed to provide necessary information to our mentor staff before our initial session in order to make the most productive and efficient use of our actual time together. As you complete this form, please feel free to add any additional information, which you think, may be helpful to us in understanding your child. All information provided by you is strictly confidential and will not be released to anyone without your written request. Please use the backs of the pages for additional details.

GENERAL INFORMATION

Today's Date:

Person Completing the form:

Child's Name:

Date of Birth:

Age:

Home Street Address:

City:

State:

Zip:

Primary Caregiver's Name(s):

Phone Number(s):

Email Address(s):

Grade Level of Child:

**How did you hear about Reigning Grace
Ranch?**

REASON FOR REFERRAL / CURRENT SYMPTOMS

Please describe the problem(s) your child is now having and the type of services you are currently seeking if any.

Problems or Concerns that your child is exhibiting:

Types of Services your child is currently receiving as far as therapy, mentoring or outreach programming:

Does the child currently have an IEP at school? If so, what is the IEP for? What are the accommodations and goals?

What outcome(s) are you wishing to receive from Reigning Grace Ranch and the Mentorship programming?

Is your child adopted? yes no

Has your child ever been or is he/she currently in foster care? yes no

If yes, please explain:

Has your child experienced any form of abuse (physical, emotional, sexual)? yes no

If yes, please explain:

Has your child experienced any significant trauma or losses? yes no

If Yes please explain:

Has your child experienced any divorces or separations? yes no

If yes, please explain:

Does your child generally get along with other children his/her own age? yes no

Does your child generally get along with adults? yes no

CHILD HISTORY

Please answer the following questions to the best of your ability.

Does your child experience any of the following:

Sadness or Depression	YES	NO
Anxiety	YES	NO
Obsessive-Compulsive / Rigid behavior patterns	YES	NO
Body-focused repetitive behaviors (skin picking, hair pulling, nail biting, etc.)	YES	NO
Problems making friends or keeping them	YES	NO
Problems with eating	YES	NO
Problems falling asleep	YES	NO
Nightmares	YES	NO
Tantrums/Meltdowns	YES	NO
Non-compliant/purposely does not obey	YES	NO
Defiant Behavior	YES	NO
Problems with Authority	YES	NO

Problems controlling temper	YES	NO
Physically aggressive behavior toward others	YES	NO
Verbally aggressive behavior toward others	YES	NO
Self-Inflicted injuries	YES	NO
Sensory Problems (over-reacts or under-reacts to lights, sounds, tastes, textures, smells)	YES	NO
Stress from conflict between parents	YES	NO
Stress due to family financial problems	YES	NO

Is there a birth parent living outside the home:	MOTHER	FATHER
Where does this parent live?		
If birth parent(s) do/does not live in the child's home, how much contact does the child have with the parent(s)?		

FAMILY STRESS LEVEL

Please rate the overall level of FAMILY stress:

___Very Low ___Low ___Average ___High ___Very High

What is the greatest source of stress for the family at this time?

Please rate the overall level of stress in the mother's life:

___Very Low ___Low ___Average ___High ___Very High

What are the greatest sources of stress in the mother's life?

Please rate the overall level of stress in the father's life:

___Very Low ___Low ___Average ___High ___Very High

What are the greatest sources of stress in the father's life?

How would you rate your overall level of happiness on a scale of 1-5
(1 = UNHAPPY, 5 = HAPPY)

Mother: _____ Father: _____

Is there anything else we should know about your child that was not covered by this form?