

Sattler-Stoelting Developmental Checklist- Child-Family Intake Questionnaire Parent Report

Report Date: 2021-03-16

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Background Information

First Name	Last Name	Age	Gender	Date of Evaluation	Clinician Given First Name	Clinician Given Last Name	Clinician Given ID
Dean	Ween	14 years and 2 months	male	2021-03-01	Dean	Ween	12345

Dean Ween, a 14 years and 2 months year-old-male was evaluated on 2021-03-01. Dean's mother completed the evaluation.

Important Dates

Event	Date
Birth date	2006-11-29
Date of report	2021-03-01

Endorsed Questions and Answers

Background Information

Demographics

Question #	Question	Response
5	Child's sex or gender	Male
6	Child's home address	123 St.
7	Highest grade child has completed	9
8	Child's school	Highland HS
9	Child's main teacher/advisor (if applicable)	Mr. Cotter
10	Name of the person completing this form	Gabrielle
11	Relationship of the person completing this form to the child	Mother
12	Age of the person completing this form	45
13	Education of the person completing the form	High School Diploma
14	Occupation of the person completing this form	Graphic Designer
15	Ethnicity of the person completing this form	European American/Caucasian (White, Anglo, White/Non-Hispanic)
16	Home phone of the person completing this form	123-456-7890
17	Cell phone of the person completing this form	Same
18	Email address of the person completing this form	mom@email.com
19	Child's primary caregivers (select all that apply)	Mother, Father
21	Do you know the father's name?	Yes
22	Marital status of the child's parents	Married
23	Was the child adopted?	Yes
26	Is the child currently involved in any legal matters?	Yes
29	What is the child's ethnicity?	European American/Caucasian (White, Anglo, White/Non-Hispanic)
30	Child's primary language	English
31	Mother's primary language	English
32	What language does the child use to speak with the mother?	English
33	Father's primary language	English
34	What language does the child use to speak with the father?	English
35	Language primarily spoken in the home	English
37	What language does the child primarily use to speak with friends?	English
39	Does any member of the family have a medical coverage group or a medical insurance company?	Yes
40	Do you have a health care provider?	Yes
41	Date of the child's last physical examination	3 months ago
42	If you were referred, who referred you here?	School

Family Members in House

Family Member's Name	Family Member's Sex	Relationship to Child	Family Member's Age
Maria	Female	Sister	11

Significant Family Members Outside of House

Significant Family Member's Name	Significant Family Member's Sex	Relationship to Child	Significant Family Member's Age
Steve	Male	Grandpa	70
Barb	Female	Grandma	68

Presenting Problem**PRESENTING PROBLEM**

Question #	Question	Response
1	Briefly describe the child's current problem for which you're seeking services here	Academic decline and drug use
2	How long has this problem been of concern to you?	3 months
3	When did you first notice the problem?	6 months ago
4	What seems to help the problem?	Talking to father
5	What seems to make the problem worse?	Father away on business
6	Have you noticed changes in the child's behavior since the problem began?	Yes
7	Has the child lost any skills?	Yes
8	Have the child's problems affected his or her relationship with other children?	Yes
9	Have the child's problems affected his or her relationship with his or her siblings?	Yes
10	What seems to be the greatest challenge for the child?	Completing school work
11	What does the child do that you like?	Helps at home
12	What does the child do that other people like?	Helpful
13	What makes you most proud of the child?	Kind and thoughtful
15	Do you have any other concerns about the child that you have not mentioned above?	Yes
16	What prompted you to seek help at this time?	Suspension at school



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