

## Assessment Question Guide for Parents/Caregivers

- For all parents, birth, adopted, step, or "surrogate: first and last name.
- For extended family members, including half-siblings, note maternal or paternal.

### **Youth Legal Guardianship**

- Legal guardianship of youth, and custodial parent

### **Personal Status**

- Current marital status.
- Current age.
- Current personal or family religious, spiritual, or life style beliefs.
- Employment/occupation.
- High school/college.
- Marriages and dates.
- Divorce and separation dates.
- Remarriages and dates.
- Significant romantic relationships, dates, and status, including live-in.
- Reason for parent separation/divorce.
- Number of children, including birth, adopted, and step.
- Age at birth of first child.

### **Family Status**

- Number of marriages/remarriages, other parental figures.
- Current family living arrangements and locations. Who is currently living with whom?
- Children, names and current ages.
- Step-children, names and current ages.
- Current location of children, including step-children.
- Important family members, including extended maternal or paternal, in youth's life.

### **Personal and Family Mental Health and Substance Abuse History**

- Mental health and psycho-functional history: personal.
- Mental health and psycho-functional history: children.
- Mental health and psycho-functional history: family of origin.
- Personal medication history, including current medication, name, and reason.
- Substance abuse history: personal.
- Substance abuse history: children.
- Substance abuse history: family of origin.
- History of sexual or physical victimization.
- Significant other personal history/important life events.

### **Family Environment During Youth Development**

- Stable or chaotic family life.
- Consistent or changing family environment.
- Number of homes/moves.
- Number of people in home, relationships, ages, etc.
- Violence, substance abuse, criminality, mental health issues in home in parent figures.
- Domestic violence.
- Domestic arguments.
- Violence, substance abuse, criminality, mental health issues in home in sibling figures.

### **Youth Developmental History**

- Course of pregnancy.
- Use of alcohol, drugs, or tobacco during pregnancy.
- Problems at birth.
- Early milestone development: talking, walking, potty training
- Health during first 3 years.
- Health age 3 on.
- Significant illness, injury, or accidents.
- Behaviors during first 3 years.
- Behaviors ages 3 on.
- Adjustment to school.
- Traumatic experiences: sexual abuse, physical abuse, other.

### **Youth Behavioral Development**

- \_\_\_ Age at onset of problem behaviors.
- \_\_\_ Changes in youth behavior over time, and when.
- \_\_\_ Changes in problem behaviors.
- \_\_\_ Type of behavioral problems.
- \_\_\_ Aggression to others.
- \_\_\_ Property destruction.
- \_\_\_ Fire setting.
- \_\_\_ Cruelty to animals.
- \_\_\_ Dishonesty.
- \_\_\_ Alcohol or drug use or problems.
- \_\_\_ Self-harming behaviors.
- \_\_\_ Legal problems, arrests, charges, adjudications.
- \_\_\_ Probation or parole.

### **Youth School History**

- \_\_\_ Academic difficulties.
- \_\_\_ Academic strengths.
- \_\_\_ Learning difficulties or disabilities, including cognitive impairments such as mental retardation.
- \_\_\_ School behavioral problems.
- \_\_\_ School attendance.
- \_\_\_ Suspension, expulsions.
- \_\_\_ Held back or advanced in grade.
- \_\_\_ Grades.
- \_\_\_ Special education, and by what age and why.

### **Youth Social Development**

- \_\_\_ Friendships.
- \_\_\_ Relationship to others.
- \_\_\_ Closeness of relationships.
- \_\_\_ Frequency of time in social relationships.
- \_\_\_ Age of friends.
- \_\_\_ Type of friends (antisocial, troubled, positive influence, etc.).
- \_\_\_ Relationship to adults.
- \_\_\_ Favorite activities, special interests or strengths.

### **Youth Treatment History**

- \_\_\_ Out of home placements, including other family members and foster care: reasons, locations, ages.
- \_\_\_ Prior treatment: outpatient, day treatment, psychiatric hospitalization, group home, residential: reasons and ages.
- \_\_\_ Prior family therapy.
- \_\_\_ Response to prior treatment.
- \_\_\_ Prior diagnoses.
- \_\_\_ Prior and current medications, ages, and reasons.

### **Youth Sexually Abusive Behavior**

- \_\_\_ What is known to have occurred.
- \_\_\_ What else is alleged to have occurred.
- \_\_\_ What else is suspected to have occurred.
- \_\_\_ Who is the victim(s) of the sexually abusive behavior.
- \_\_\_ Relationship to the victim(s).
- \_\_\_ How old was the youth.
- \_\_\_ How old was the victim(s).
- \_\_\_ What is impact of sexually abusive behavior on the victim(s).
- \_\_\_ Is the victim(s) in treatment.
- \_\_\_ If the victim(s) is not in treatment, why not.
- \_\_\_ How does parent feel about the sexually abusive behavior.
- \_\_\_ What does the parent believe to be true about the sexually abusive behavior.