

CHILD QUESTIONNAIRE

Please complete and return to the Administrative Office of the Courts, Family Law Division, West Pasco Judicial Center, 7530 Little Road, Room 203, New Port Richey, FL 34654 no later than seven (7) days from the date of the court order.

(Complete a separate form for each child involved)

1. Name of Child _____ Age _____ Date of Birth _____
2. Name of biological mother _____
3. Name of biological father _____
4. Your relationship to the child _____
5. Current legal relationship to child, if different from above (i.e. guardian) _____
6. Provide the following information for each day care provider or babysitter that has provided care for the child in the past year.

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Phone</u>	<u>Days/Hours of Care</u>
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7. Name of child's school, preschool or day care provider: _____
Address _____
Phone Number _____ Grade _____
Name of teacher _____ Guidance Counselor _____

8. Has this child been diagnosed through the school or by private education/development evaluation as any of the following (**circle yes or no**)?

Gifted and talented	yes	no	Emotionally disturbed	yes	no
Learning disabled	yes	no	Physically handicapped	yes	no
Mentally retarded	yes	no	Developmentally delayed	yes	no

9. If yes to any of the above, provide address and phone number of who conducted the evaluation:

10. Has this child (now or in the past) received tutoring?
_____ No
_____ Yes. Provide details _____

11. Name of pediatrician _____
Address _____
Phone _____

How long has this child been in the pediatrician's care? _____

Are immunizations current? _____ Yes _____ No

12. Does this child have any chronic or recurrent health problems?

_____ No

_____ Yes. Please describe _____

13. Has this child (currently or in the past) been on any medications?

_____ No

_____ Yes. Provide name of medication(s), dosage(s), reason(s) and name(s) of prescribing physician(s)

14. Has this child ever had any psychological, educational or psychiatric evaluations?

_____ No

_____ Yes. Provide date(s) of evaluation(s), name(s) of evaluator(s), addresses, phone number(s) and reason(s) for evaluation(s). _____

15. Has this child ever been in psychotherapy or counseling?

_____ No

_____ Yes. Provide date(s), reason(s), name(s) of therapist(s), address, and phone number(s) _____

16. Is this child covered by health insurance? If so, provide the name and address of the insurance company and which parent is responsible for maintaining the insurance: _____

Responsible party _____

17. What activities do you and this child share together? _____

18. Has this child expressed any preference regarding residential placement?

_____ No

_____ Yes. Provide details _____

