

## PARENTAL RESPONSIBILITIES EVALUATION

### CHILD DEVELOPMENT INVENTORY

This information helps me understand your child's experience and temperament from birth to the present.

Parent's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### **Family's adjustment to new baby** (mother, father, siblings)

Birth to nine months:

Ten months to two years:

How did baby respond to family? (mood, attachments, activity level, sleep patterns)

Was there ever a time you were concerned about any of the baby's development? (crawling, walking, talking, feeding, activity level, toilet training)

#### **Pre-school, day care, play group experience**

Did your child have pre-school, day care, or play group experience? \_\_\_\_\_ No \_\_\_\_\_ Yes

At what age?

How did it go?

If child is currently in day care, please list name and phone number of day-care setting.

What was the child's adjustment to day care?

Are you happy with this arrangement?

Is the child happy in this setting?

**School background**

Present grade:

Teacher(s):

Name and phone number of school:

Are there any special concerns or problems around school?

Are there special accomplishments at school or in other activities?

Please describe your child's academic abilities.

**Parents' Separation**

Has there been more than one separation?

Child's age at separation(s) of parents.

Contact with each parent, before separation, in the following activities:

	<u>Mother - % of Time</u>	<u>Father - % of Time</u>
Feeding		
Diapering		
Playing		
Caring for while ill		
Taking to doctor		
Taking to day care		
School conferences		
After-school activities or sports		

**Child's relationships**

Is your child liked by adults? (teachers, coaches, activity leaders, neighbors)

With peers, does your child play with older children, younger children, or same-age?  
(Circle all that apply)

Is your child aggressive? \_\_\_\_ No. \_\_\_\_ Yes. In what ways?

Is your child able to stand up for him/her self? \_\_\_\_ Yes. \_\_\_\_ No.

Is your child taken advantage of by peers? \_\_\_\_ Yes. \_\_\_\_ No.

Are there step-parents? (names)

_____	_____
_____	_____
_____	_____

Describe length and quality of relationship with step-parents.

Step-siblings, half-siblings (names and ages):

_____	_____
_____	_____
_____	_____

Any contact with extended family (grandparents, cousins, etc.)?

**Other Information:**

Has your child ever had experiences you would describe as traumatic?

Has child ever had significant illness or injury requiring hospitalization or extended treatment?

How would you describe your child's:

1. Problem-solving ability (according to his/her developmental level)?
2. Ability to handle disappointment?
3. Response to change/transition?

What is your biggest worry about your child?

What is it about your child that gives you the greatest pleasure?

## CHILD PROBLEM CHECKLIST

Circle each item as **1, somewhat true**; **2, mostly true**; or **0, not true** of your child in the past three months.

- |   |   |
|---|---|
| 1. 0 1 2 Disobedient at home  | 27. 0 1 2 Acts first, thinks later      |
| 2. 0 1 2 Disobedient at school  | 28. 0 1 2 Hyperactive                   |
| 3. 0 1 2 Denies problematic behavior  | 29. 0 1 2 Bosses or bullies others      |
| 4. 0 1 2 Doesn't like rules   | 30. 0 1 2 Aggressive with peers         |
| 5. 0 1 2 Trouble learning   | 31. 0 1 2 Few friends                   |
| 6. 0 1 2 Clowns around a lot  | 32. 0 1 2 Feels inferior                |
| 7. 0 1 2 Lost in thoughts   | 33. 0 1 2 Clumsy                        |
| 8. 0 1 2 Can't finish things  | 34. 0 1 2 Nervous habits                |
| 9. 0 1 2 Argues a lot   | 35. 0 1 2 Needs everything in its place |
| 10. 0 1 2 Cheats in games   | 36. 0 1 2 Accident prone                |
| 11. 0 1 2 Uses bad language   | 37. 0 1 2 Has aches and pains           |
| 12. 0 1 2 Lies a lot  | 38. 0 1 2 Overly shy                    |
| 13. 0 1 2 Steals  | 39. 0 1 2 Too dependent on adults       |
| 14. 0 1 2 Destroys possessions  | 40. 0 1 2 Jealous of siblings           |
| 15. 0 1 2 Cruel to animals  | 41. 0 1 2 Whines                        |
| 16. 0 1 2 Drinks alcohol  | 42. 0 1 2 Problems with speech          |
| 17. 0 1 2 Uses drugs  | 43. 0 1 2 Uses baby talk                |
| 18. 0 1 2 Lacks energy  | 44. 0 1 2 Eats too much                 |
| 19. 0 1 2 Sad and unhappy   | 45. 0 1 2 Eats too little               |
| 20. 0 1 2 Irritable   | 46. 0 1 2 Wets the bed                  |
| 21. 0 1 2 Moody   | 47. 0 1 2 Wets during the day           |
| 22. 0 1 2 Has thoughts of killing self  | 48. 0 1 2 Soils him/herself             |
| 23. 0 1 2 Acts to get attention   |   |
| 24. 0 1 2 Difficulty with sleep: Can't get to sleep _____ ; Can't stay asleep _____ . |   |
| 25. 0 1 2 Fears things (e.g., bugs, animals). What? _____                             |   |
| 26. 0 1 2 Worries a lot. What about? _____  |   |

Other problems: