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COLLABORATIVE DIVORCE
CHILD INFORMATION QUESTIONNAIRE

Child's Name: _____ Sex: M/F
Date of Birth: _____ Age: _____
Person completing this form: Mother _____ Father _____
Currently this child:
Lives with me and my spouse in the same household _____
Lives with me _____ days per week/month
Lives with other parent _____ days per week/month
Other (please explain) _____

School, Friendships and Social Life

What grade is your child in at school this year? _____
School or pre-school your child attends: _____
Name of your child's teacher(s): _____

How many different schools has your child' attended? _____
Child's academic performance in the past 12 month's has been:
Outstanding _____ Above Average _____
Average _____ Below Average _____
Has there been a change in your child's academic performance in the past 12 months?
Yes/No
If yes, please explain: _____

How does your child seem to feel about school?
Seems to love school _____ Likes it ok _____ Doesn't like school _____
Does your child participate in extra-curricular activities?
Yes/No
If yes, please describe: _____

Roughly how many friends does your child have?
None _____ One _____ 2-4 _____ More than 7 _____
Does your child have a special friend? Yes/No

Please describe how your child is most likely to spend his/her leisure time:

If you had to select one thing about your child, what personal activity, accomplishment, event, skill, etc. are you proudest of in your child's life?

Child's Temperament and Coping Styles

In the past year, has this child had a loss of a loved one (relative, caregiver, friend, beloved pet, etc.) either through death, extended separation, moving away or other circumstances?
Yes/No

If yes, please explain: _____

How does your child deal with changes (e.g. new schools, babysitters, friends, new schedules)? _____

What helps him/her?

How does your child deal with separating from you? _____

Has your child ever had any of the following problems?

- Temper tantrums _____
- Rejected or made fun of by peers _____
- Bullied or manipulated by peers _____
- Shyness _____
- Nightmares _____
- Bedwetting or soiling at night _____
- Trouble making friends _____
- Aggressive, picking fights _____
- Serious discipline problems at school _____
- Cruel or malicious to other children or animals _____
- Delinquent acts, such as window breaking, shoplifting, etc. _____
- Argues a lot _____
- Acts young for his/her age _____
- Cannot concentrate _____
- Cannot sit still, is restless or hyperactive _____
- Complains of loneliness _____
- Seems sad, unhappy, depressed _____
- Not sleeping well, eating too much _____
- Harms self deliberately, suicidal thoughts _____
- Fearful or extremely timid _____
- Refuses to go to school _____
- Clings to parents or caregivers _____
- Destroys or abuses own property or that of others _____
- Gets hurt a lot, accident-prone _____
- Physical problems without known medical causes:
 - Headaches _____ Nausea, vomiting _____
 - Aches/pains Rashes, skin problems _____ Stomachaches _____
 - Use of drugs (non-prescription) or alcohol _____
- Dramatic difficulties with changes in routines, schedules _____

Child's Perceptions/Reactions to Separation/Divorce

What is your child's reaction to the circumstances surrounding your separation/divorce? _____

What, if anything have you told your child about the situation? _____

Does your child ask questions or talk about the separation or divorce: Yes/No If yes, what does your child seem most concerned about? _____

How do you think a separation or divorce will affect this child? _____

In what ways might he/she benefit from his/her parent's separation or divorce?

Siblings, Relative and Family Friends

Does this child have sisters and/or brothers? Yes/No

Do you have any worries or concerns about this child's relationships with his/her siblings? Yes/No
If yes; please explain _____

Please list other relatives and family friends who are especially important in this child's life:

What do you feel is important for us to know about this child's relationships with siblings, extended family members or special family friends?

Parent-Child Relationship

What are your strengths as a parent? _____

What are your Weaknesses as a parent? _____

How do you think the child's other parent would describe their strengths? _____

How do you think the child's other parent would describe their weaknesses?

What, if any, major disagreements have you had with this child's other parent regarding child rearing and parenting? _____

What has been the most enjoyable time for you with this child? _____

What has been the most challenging for you with this child? _____

What do you find most satisfying about parenting this child? _____

List three hopes and dreams you have for this child:

1. _____

2. _____

3. _____

Signed: _____

Dated: _____