COMPREHENSIVE PSYCHOLOGICAL
assessment centre

CHILD ASSESSMENT INTERVIEW FORM

Please bring the completed form on the date of assessment

Date: ………/…………/ 200…

Please note, the person completing this form <u>must</u> be the parent/caregiver who will accompany the child for the assessment.

Child details

Name:

Date of birth (dd/mm/yyyy):

Birth order (if there are siblings):

Year at school:

Family details

Mothers' name (Age): (years)

Mother's occupation:

Fathers' name (Age): (years)

Father's occupation:

Siblings:

1/ First name (Age): (years)

2/ First name (Age): (years)

3/ First name (Age): (years)

Referral information

Reason for psychological assessment: (Please tick the appropriate boxes)	Intellectual ability (IQ)	□
	Academic/achievement ability	□
	Giftedness	□
	School readiness	□
	Learning difficulties	□
	Behavioural problems	□
	Emotional problems	□
	Other: …………………………………………………	□

Was the child referred for assessment? Yes □ No □

If "yes", who referred the child?	School counsellor	□
	Teacher	□
	Family doctor	□
	Psychologist	□
	Other: …………………………………………………	□

Will the assessment results be released to a third party? Yes □ No □

If "yes", who will be the recipient?	School counsellor	□
	Teacher	□
	Family doctor	□
	Psychologist	□
	Other: …………………………………………………	□

Do you want us to send a copy of the report to a third party? Yes □ No □

If "yes", please provide details: Name:

Address:

Physiological background

Was the pregnancy normal? Yes □ No □ Don't know □
(If the mother completing this form)

If "no", please provide details:

Was the child birth normal? Yes □ No □ Don't know □
(If the mother completing this form)

If "no", please provide details of complications.

Any serious childhood illnesses or medical conditions? Yes □ No □

If "yes", please provide details:

Is the child receiving any medication? Yes □ No □

If "yes", please provide details:

Any serious injuries (particularly head injury)? Yes □ No □

If "yes", please provide details:

Any hospitalisation? Yes □ No □

If "yes", please provide details:

Psychological background

Has the child ever experienced any of the following: (Please tick the appropriate boxes)		
	Excessive fear	□
	Excessive shyness or social withdrawal	□
	Frequent anger	□
	Frequent frustration	□
	Excessive tantrums	□
	Sleep difficulties (e.g., recurring nightmares)	□
	Frequent bed wetting	□
	Other:	□

Has the child ever been diagnosed with a psychological disorder? Yes □ No □

If "yes", please provide details:

Educational background

Did the child go to pre-school? Yes □ No □

If "yes", any difficulties? Yes □ No □

If "yes", please provide details of difficulties:

Describe the child's current educational performance:		
	Very poor	□
	Poor	□
	Average	□
	Good	□
	Very Good	□

Describe the general feedback from teachers:

What areas of school work does the child find easy and fun?

What areas of school work does the child find difficult and boring?

Does the child participate in extra curricular activities? Yes □ No □

If “yes”, please list all activities and the time involved:

1/ ………………………………………….. Days (Hours): ……………………………

2/ ………………………………………….. Days (Hours): ……………………………

3/ ………………………………………….. Days (Hours): ……………………………

4/ ………………………………………….. Days (Hours): ……………………………

5/ ………………………………………….. Days (Hours): ……………………………

Family background

Has the child been exposed to any of the following:					
	Divorce/separation	Yes	□	No	□
	Marital discomfort	Yes	□	No	□
	Family violence	Yes	□	No	□
	Death of a parent	Yes	□	No	□
	Death of a relative/friend	Yes	□	No	□
	Unemployment	Yes	□	No	□
	Substance use in the family	Yes	□	No	□
	Serious illness in the family	Yes	□	No	□

Other: ……………………………………………………….

Thank You,

Name: Mr / Mrs / Ms ……………………………. Signature: …………………………….