MOUNTAIN HIGH SCHOOL
Family Questionnaire

Student Name: _____ Age _____ Gender: ☐ Male ☐ Female

Parent Name: _____ Date: _____

Please fill out the following questions. These questions should help us understand your child better so that we may accommodate their educational needs. This information will be **confidential** and used only be the team working with your student. Our intentions are to do everything we can help your child be successful at Mountain High School. If have any questions or information you feel would be helpful regarding your student please all Sakae Scott or Jennifer Christensen, Licensed Clinical Social Workers at Mountain High School 801.402.0450 Monday – Thursday 8:00 to 4:00 and Friday 8:00- 1:00. Thank you for your help.

1. What strengths or talents does your child have?

   _____

   _____

2. Has your child ever been diagnosed by a health care professional (MD, Psychologist, etc.) with
   - ☐ Depression ☐ Anxiety ☐ ADD/ADHD
   - ☐ Learning Disabilities ☐ Aspergers ☐ Sleep Difficulties
   - ☐ Bipolar ☐ Other: _____

3. Has your child ever engaged in self harm behaviors or a suicide attempt?
   If yes, how? _____ Date: _____

4. Is your child receiving medical care? ☐ Yes ☐ No

5. Please list your child's current medications

   Rx: _____ Purpose: _____

   Are they taking their medications as prescribed? ☐ Yes ☐ No

6. Is your child currently receiving counseling? ☐ Yes ☐ No

7. Is there any family history of
   - ☐ Depression ☐ Anxiety ☐ ADD/ADHD
   - ☐ Bipolar ☐ Other: _____

8. Does your student qualify for Medicaid? ☐ Yes ☐ No

9. Does your student receive Medicaid benefits? ☐ Yes ☐ No

10. Has your child had any academic/behavior challenges at school?
    - ☐ Yes ☐ No
    - ☐ Special Education ☐ 504 ☐ ESL
    - ☐ Other: _____

11. Who lives in your home? Please list relationship to your student i.e. mother, stepfather, siblings, etc.

_____

_____

12. Drug and Alcohol Use:

	Current	Past	Explanation
Alcohol			
Tobacco			
Marijuana			
Meth			
Ecstasy			
Cocaine/Heroine			

If applicable, please provide Probation Officer's name and number:

_____

13. Has your child experienced any of the following? Please check all that apply:

- ☐ Pregnant or teen parent
- ☐ Parent remarried/new partner
- ☐ Parent loss of job
- ☐ Death of close family member
- ☐ Financial stressor
- ☐ Foster care placement
- ☐ Homelessness
- ☐ Substance use/abuse – family member
- ☐ Witness to domestic violence
- ☐ Auto accident requiring emergency medical attention
- ☐ Witness to a close family member being arrested
- ☐ Witness extreme neighborhood or community violence
- ☐ Move to a new home in the last year
- ☐ Parents divorced/separated
- ☐ New siblings in the home
- ☐ Loss of parent or caregiver
- ☐ Serious illness in family
- ☐ Child Protective Services Involvement
- ☐ Adoption
- ☐ Parent deployed to military
- ☐ Bullying
- ☐ Other please explain: _____

14. How does your student handle stress?

- ☐ Can't stop talking or thinking about stressor
- ☐ Difficulty handling emotions
- ☐ Avoids anything that reminds student of stressor
- ☐ Clingy, refusing to be alone
- ☐ Isolating self
- ☐ Increased behavior issues
- ☐ Increased outbursts/fights
- ☐ Increased anxiety
- ☐ Concerning sexual behaviors
- ☐ Sleep difficulties (too much or too little)
- ☐ Increased or decreased appetite

15. Please list any other comments, concerns, and suggestions for working with your student at Mountain High School.