Chapter 3
Interviewing and Gathering Data

3.1 Introduction

The ultimate goal of conducting an assessment is to be able to understand a child's functioning, offer a classification decision, and then make intervention and other recommendations that support and improve the child's functioning. This chapter contains two sections. Presented first will be a discussion of interviewing key stakeholders in the child's life including teachers and parents. This will be followed by a discussion of the process of collecting relevant background information including prior psychological reports, medical records, IEP documents, grade reports, and any additional pertinent sources. A comprehensive child development questionnaire (CDQ; Dombrowski, 2014) will be presented and is a useful option for gathering information regarding children's background and development.

3.2 Interviewing

The purpose of conducting an interview with a child, parent, teacher or other individual is to gather information about the child to help better understand the child's functioning. Along with other methods of assessment and sources of information, data gathered from interviews serve to assist in conceptualizing a child's functioning, making a classification decision, and recommending intervention strategies and accommodations that will improve the child's functioning. Interviewing, like other methods of assessment, serves to furnish data regarding a child.

There are three main approaches to interviewing: structured, semi-structured, and informal. The informal approach is constructivist in nature and allows the process to unfold based upon responses provided by the interviewee. It might begin

with a question such as "Tell me why this assessment is being conducted?" Follow-up questions are then offered depending upon responses provided. The benefit to an informal approach is to be able to branch off on lines of inquiry based upon the response offered. Structured interviewing, by contrast, requires a series of detailed questions from which the examiner may not deviate. A semi-structured interview has a theme of questions that need to be addressed, but permits the clinician to deviate and explore a topic more fully with the caregivers. Unfortunately, the availability of structured and semi-structured interview formats for teachers and psychoeducational assessment is unavailable (Frick, Barry, & Kamphaus, 2005; Loeber, Green, Lahey, & Stouthamer-Loeber, 1991)

The structured interview has the highest degree of validity and reliability, but requires the greatest time commitment (60–90 min) (Silverman & Ollendick, 2005). A structured interviewing style is straightforward (and perhaps easiest for an inexperienced clinician), but it can be quite time consuming depending upon the structured interview selected. Structured interviewing requires the clinician to ask a series of questions of caregivers (e.g., parents, teachers, counselors) despite the question's relevance to the referral question or diagnostic issue. For instance, a parent may be asked questions about the child's ability to participate in activities of daily living even though the child has solid cognitive abilities and the referral question was about the child's mathematical understanding. This approach casts a wide net seeking to be as comprehensive as possible and to leave no stone unturned. The structured interview process often uses instruments such as the DISC-IV (Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000), which is linked to DSM diagnostic criteria and is intensely comprehensive. Structured and semi-structured interview formats are available, but they are geared toward clinical (e.g., DSM) diagnoses. Structured and semi-structured interview formats based upon DSM diagnostic categories can certainly be helpful for exploration of emotional and behavioral conditions that may not be assessed on behavior rating scales, but keep in mind that psychoeducational classifications within the school are not based on the DSM, but rather on IDEA classification categories. A structured or semi-structured clinical interview may have its place if one is considering an OHI (via ADHD) or autism spectrum classification, or when attempting to rule out social maladjustment from emotional disturbance, but IDEA/state special education classification criteria supersedes DSM diagnostic criteria when determining special education eligibility (Zirkel, 2011).

3.3   Psychoeducational Interview Format

Because there is a lack of structured or semi-structured interview formats for the psychoeducational evaluation of children, I would like to offer the following semi-structured format for interviewing caregivers and teachers regarding a child's functioning. A format for interviewing students is also presented.

3.3.1 Caregiver/Parent Format

Introductory Statement to Caregiver

I am conducting the evaluation of your child. As part of this process, I would like to speak to you about your child's progress at school to ascertain your perspective regarding your child's functioning in the academic, behavioral, social, emotional arena, as well as your child's areas of strength and areas of need. First, I would like to ask you why your child is being evaluated? What do you think is the purpose of the evaluation?

Academic Functioning

I would next like to inquire about your child's progress at school.
Please describe his or her grades in each class?
Does your child struggle with any academic subjects? Please explain.
Please describe your child's progress in reading? Do you know your child's guided reading level?
Please describe your child's progress in writing?
What is your child's handwriting like?
Please describe your child's progress in spelling?
Please describe your child's progress in mathematics?
What are your child's areas of academic strength and areas of academic need?

Behavioral and Social-Emotional Functioning

The approach to the interview will depend upon the child's referral issue. Additional, more specific questioning may be necessary if the child has a disorder or condition that might make the child eligible under autism, emotional disturbance, or other health impairments. Otherwise, the following list of questions is a good start to the interview process.

Please describe your child's behavioral functioning at school.
What are your child's strengths and areas of interest?
Does your child participate in any activities or have any hobbies?
Does your child follow classroom and teacher rules?
Does your child get into trouble at school? If so, for what?
How does your child respond to teacher and staff requests to follow rules?
How does your child get along with peers at school?
Describe your child's mood.
Does your child seem anxious, depressed or worried?
Does your child have anger issues?
Does your child have friends at school?

Does your child ever indicate that he or she hears voices or sees things that other people do not?

Does your child believe that they are someone or something they are not?

Does your child ever state a desire to hurt him or herself?

Does your child ever state that he or she wishes he or she were dead?

Does your child have an outside classification from a doctor or a psychologist?

Is your child taking medication? If so, what type of medication (name, dosage, when started)?

Adaptive Functioning

Questioning a parent about adaptive functioning is particularly relevant if the child is suspected of struggling with an intellectual disability or an autism spectrum disorder. Of course, a norm-referenced instrument such as the Vineland-2 or ABAS-II would also be necessary in these cases. When interviewing a parent, caregiver, or teacher, you will need to inquire about the child's functioning in the conceptual, communication and social domains. Also inquire about sensory responses, gross and fine motor skills and stereotyped behaviors. Because of the range of adaptive tasks across the developmental spectrum, I would recommend that you place primary reliance on a norm-referenced adaptive behavior scale to gain insight into a child's adaptive functioning. The following brief questions along with a broad-band behavior rating scale could serve as a screener to determine whether you should move to a comprehensive interview of adaptive functioning.

Does your child struggle with everyday activities such as brushing teeth, tying shoelaces, getting dressed, toileting, and eating?

Does your child struggle with keeping clean and bathing?

Can your child find his or her way around school without assistance?

Does your child understand the difference between dangerous and safe situations?

Does your child have difficulty communicating with other children and adults?

Does your child struggle when playing with other children? Does he or she show interest in playing with other children? When your child plays with other children, does he or she interact with or just play alongside them?

Does your child display any repetitive activities, interests or actions?

Supplemental Caregiver Interview Questions

It would be optimal for caregivers to complete a structured developmental history questionnaire such as the *Child Development Questionnaire* (CDQ, Dombrowski, 2014) prior to an interview. However, this may not be practical in all cases. The questionnaire may not be returned or time constraints make it more practical to just go through sections of the CDQ with caregivers. If time constraints preclude the completion of each component of the CDQ, then it will be important at a minimum to collect information regarding a child's familial, prenatal, perinatal, early development, medical, recreational, behavioral, and educational history. The caregiver interview will not necessarily be as detailed as the child development questionnaire but the following may suffice if a questionnaire cannot be completed or is not returned by the caregiver. This information will be added to the caregiver interview described at the beginning of this chapter.

Parental and Family History
1. Who provides primary caregiving for child?
2. Is there a family history of learning or mental health issues?
3. Are there family medical issues?

Prenatal, Perinatal, and Early Childhood History

1. Were there any issues during pregnancy with this child?
2. Were there any complications during delivery?
3. Was the child born early or with low birthweight?
4. Did the child stay in the neonatal intensive care unit (NICU) following delivery?
5. Was the pregnancy healthy or were there illnesses during pregnancy?
6. Did you child experience colic?

Early Childhood Development

1. Were there any issues with your child's early development (i.e., crawling, walking, talking, learning to count or read)?
2. Did your child attend daycare or preschool and were there any concerns expressed while in attendance?

Medical History

1. Are your child's vision and hearing intact?
2. Does your child have a history of head trauma or concussions?
3. Does your child have a history of illness?
4. Does your child take any medications?
5. Has your child experienced any infections and other illness?

Strength-Based Questions

What are some activities your child likes to participate in?
What is your child good at?
What hobbies does your child enjoy? Does your child play any sports or musical instruments?
What are some positives about your child?

3.3.2 Teacher Format

Introductory Statement to Teacher
I am conducting an evaluation of your student. As part of this process, I would like to speak to you about the student's progress at school in the academic, behavioral, social, emotional, and adaptive arena, as well as the student's areas of strength and areas of need.

Academic Functioning

I would like to inquire about your student's progress at school. Please describe his or her grades in your class?
Does this student struggle with any academic subject? Please explain.
Please describe this student's progress in reading? What is the student's guided reading level?
Please describe this student's progress in writing?
What is the student's handwriting like?
Please describe this student's progress in spelling?
Please describe this student's progress in mathematics?
What are the student's areas of academic strength and areas of academic need?

Behavioral and Social-Emotional Functioning

The approach to the interview will be dependent upon the child's referral issue. More specific questioning may be necessary if the child has a specific disorder or condition that might make the child eligible under autism, emotional disturbance or other health impaired. In the meantime, here is a list of questions that are appropriate for ascertaining a sense of the student's social, emotional, and behavioral functioning.

Please describe this student's behavioral functioning at school.
Does this student follow classroom and teacher rules?
Does this student get into trouble at school? If so, for what?
How does the student respond to teacher and staff requests to follow rules?
How does the student get along with peers at school?
Describe this student's work habits?
Describe the student's homework completion and quality.
Describe this student's mood.
Does the student seem anxious, depressed, or worried?
Does the student have anger issues?
Does the student have friends at school?
Does the student ever indicate that he or she hears voices or sees things that other people do not?

Does the student believe that they are someone or something they are not?
Does the student ever state a desire to hurt him or herself?
Does the student ever state that he or she wishes he were dead?
Does the student have an outside classification from a doctor or a psychologist?
Are you aware of whether the student is taking medication? If so, what type of medication (name, dosage, when started)?

Adaptive Functioning

Questioning a teacher about adaptive functioning is particularly relevant if the child is suspected of struggling with an intellectual disability or an autism spectrum disorder. Of course, a norm-referenced instrument such as the Vineland and ABAS would be necessary in these cases.

Does the student struggle with everyday activities such as brushing teeth, tying shoelaces, getting dressed, toileting, and eating?
Does the student struggle with keeping clean and bathing?
Can the student find his or her way around school without assistance?
Does the student understand the difference between dangerous and safe situations?
Does the student have difficulty communicating with other children and adults?
Does the student struggle when playing with other children? Does he or she show interest in playing with other children? When the student plays with other children does the student play alongside or engage with the other students?
Does the student display any repetitive activities, interests or actions?

Strength-Based Questions

What are some activities the student likes to participate in?
What is the student good at?
What hobbies does the child have? Does the child play any sports or musical instruments?
What are some positives about the child?

3.3.3   Student Interview Format

When conducting a psychoeducational assessment it is critically important to interview the child or adolescent. Younger children may be acquiescent (i.e., be agreeable and rarely furnish what they think you would disagree with) or less capable of being insightful about their functioning. When this occurs, the younger child will perceive

his progress favorably. Starting at around fourth grade children gain greater insight into their internal functioning and are able to compare their abilities with other children. From that age forward, you may be able to ascertain greater insight into their self-perception of academic, behavioral, and social-emotional functioning. Still, the question remains as to how much emphasis should be placed upon an interview with a child. Some children report positive feelings despite facing severe struggles.

Introductory Statement
I would like to talk to you about how you like school, think you are doing in school, and about your thoughts and feelings.

General Questions About School

How do you like attending the Smith Public School? What is your favorite part of school? What do you like the least? How are you doing in school [or each of your classes for older students?] Do you have any difficult with any subjects at school?

Academic Functioning

I'd next like to inquire about your progress at school.
Do you struggle with any academic subject? Please explain.
How are you doing in reading? Do you know your guided reading level?
How are you doing in writing?
How are you doing in spelling?
How are you doing in mathematics?
Do you need any help with any of your subjects?
Describe your reading, writing and mathematics skills? Have you ever received extra support for difficulties?
What are your grades in each of your classes? [Question for older students]

Behavioral and Social-Emotional Functioning

I would now like to talk about your behavior and friendships at school.
How are you with following classroom and teacher rules?
Do you get into trouble at school? If so, for what?
Do you have friends at school? If so, do you get along with them?
What do you like to do with friends?
Do you have any fears or worries?
Do you ever feel down or very sad? If so, about what?
Do you have temper or anger control problems?
Do you ever hear voices or see things that other people do not?
Are you taking any medication? If so, for what?

Strength-Based Questions

What are some activities you like to do?
What are you good at?
What do people say you are good at?
Do you have any hobbies or play any sports or musical instruments?

Suspected ADHD

The questions below are directly linked to ADHD symptoms from the DSM5 and revised to make more readable and in the form of a question for the interviewer.

Introductory statement:

   "I'm now going to ask you some detailed questions about the child's activity, attention and focus."

Inattention

(a) Does the child struggle with giving close attention to details or making careless mistakes in schoolwork, work, or other activities. In other words, does your child overlook or miss details? When your child completes work, is it accurately completed?

(b) Does your child have difficulty sustaining attention in tasks or play activities? Does your child have difficulty remaining focused during classroom activities, conversations, or when reading?

(c) Does your child not seem to listen when spoken to directly? Does your child's mind seem elsewhere, even in the absence of any obvious distraction?

(d) Does your child often not follow through on instructions and fail to finish schoolwork or chores? Does your child start a task but quickly lose focus and become easily sidetracked?

(e) Does your child often have difficulty organizing tasks and activities? Does your child have difficulty managing tasks sequentially? Does your child have difficulty keeping materials and belongings in order? Is your child's work messy and disorganized? Does your child have poor time management? Does your child fail to meet deadlines?

(f) Does your child avoid, dislike, or is reluctant to engage in tasks that require sustained mental effort such as schoolwork or homework? (For older adolescents this may include tasks such as preparing reports, completing forms, or reviewing lengthy papers).

(g) Does your child often lose things needed for tasks and activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, or mobile devices)?

(h) Is your child often easily distracted by extraneous stimuli? (For older adolescents this may include unrelated thoughts.)

(i) Is your child often forgetful in daily activities (e.g., chores, running errands)? For older adolescents this may include returning calls, paying bills, keeping appointments.)

Hyperactivity and Impulsivity

(a) Does your child often fidgets with hands or feet or squirms in seat?
(b) Does your child often leave his or her seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom or in other situations that require remaining seated)?
(c) Does your child often run about or climb in situations where it is inappropriate. (In adolescents this may be limited to feeling restless).
(d) Is your child often unable to play or engage in leisure activities quietly?
(e) Is your child often "on the go" or often acts as if "driven by a motor"? Is your child unable or uncomfortable being still for an extended time, such as in restaurants?
(f) Does your child often talk excessively?
(g) Does your child often blurts out answers before questions have been completed (e.g., completes people's sentences and "jumps the gun" in conversations, cannot wait for next turn in conversation)?
(h) Does your child often have trouble waiting his or her turn (e.g., while waiting in line).

   Source: Adapted from the DSM-5, American Psychiatric Association (2013).

Suspected Autism
The questions below are aligned with symptoms from the DSM 5 regarding autism spectrum disorder and revised to make more readable and in the form of a question for the interviewer.

Introductory statement:

"I'm now going to ask you some detailed questions about the child's socialization, communication and behavior."

Social Communication and Social Interaction

The diagnostic criteria require persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive):

1. Does your child experience deficits in social-emotional reciprocity? In other words, does your child struggle with normal back-and-forth conversation? Does your child struggle with entering into social situations? Does your child struggle with or fail to share interests and emotions? Does your child fail to mirror the emotions of others? Does your child struggle with initiating or responding to social interactions.
2. Does your child experience deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated

verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Does your child struggle with developing, maintaining, and understanding relationships. For example, does your child experience difficulties with adjusting behavior to suit various social contexts, sharing imaginative play or in making friends. Does your child display a lack of interest in peers.

Restricted, repetitive patterns of behavior, interests, or activities

Requires at least two of the following, currently or by history (examples are illustrative, not exhaustive):

1. Does your child display stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Does your child insist on sameness or demonstrate an inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day)?
3. Does your child have highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
4. Is your child hyper or hyporeactive to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement)?

Source: Adapted from the DSM-5, American Psychiatric Association (2013).

Oppositional Defiant Disorder
The questions below are aligned with symptoms from the DSM 5 regarding oppositional defiant disorder and revised to make more readable and in the form of a question for the interviewer.

Introductory statement:

"I'm now going to ask you some detailed questions about the child's behavior and ability to listen to those in authority including parents and teachers."

Angry/Irritable Mood

1. Does the child often lose his or her temper?
2. Is the child often touchy or easily annoyed?
3. Is the child often angry and resentful?

Argumentative/Defiant Behavior

4. Does the child often argue with authority figures or with adults
5. Does the child often actively defy or refuse to comply with requests from authority figures or with rules?
6. Does the child deliberately annoy others?
7. Does the child often blame others for his or her mistakes or misbehavior?

Vindictiveness

8. Has the child been spiteful or vindictive at least twice with the past 6 months?

Source: Adapted from the DSM-5, American Psychiatric Association (2013).

Disruptive Mood Dysregulation Disorder

The questions below are aligned with symptoms from the DSM 5 regarding disruptive mood dysregulation disorder and revised to make more readable and in the form of a question for the interviewer.

Introductory statement:

"I'm now going to ask you some detailed questions about the child's behavior and ability to modulate his or her anger."

1. Does the child experience severe recurrent temper outburst manifested verbally (e.g., verbal rages) and/or behavioral (e.g., physical aggression toward people or property) that are grossly out of proportion in intensity or duration to the situation or provocation?
2. Are the temper outbursts are inconsistent with developmental level?
3. Do the temper outbursts occur, on average, three or more times per week?
4. Is the child's mood between temper outbursts is persistently irritable or angry most of the day, nearly every day, and is observable by others (e.g., parents, teachers, peers)?

Decision for Psychologists

5. Are criteria 1–4 are present in at least two of three settings (i.e., at home, at school, with peers)? Is the behavior severe in at least one of these?
6. The diagnosis should not be made for the first time before age 6 years or after age 16 years.
7. By history or observation, the age or onset of criteria 1–5 is before age 10 years.
8. There has never been a distinct period lasting more than 1 day during which the full symptom criteria, except for duration, for a manic or hypomanic episode have been met.

Note: Developmentally appropriate mood elevation, such as occurs in the context of a highly positive event or its anticipation, should not be considered as a symptom of mania or hypomania.

9. The behaviors do not occur exclusively during an episode of major depressive disorder and are not better explained by another mental disorder (e.g., autism spectrum disorder, posttraumatic stress disorder, separation anxiety disorder, persistent depressive disorder [dysthymia].

10. The symptoms are not attributable to the physiological effects of a substance or to another medical or neurological condition.

Source: Adapted from the DSM-5, American Psychiatric Association (2013).

3.3.4   Interview Format for Mental Health Conditions that Might Impact Educational Functioning

If the child has received an outside diagnosis of autism, ADHD, schizophrenia, or a mood disorder, or if there is suspicion that any of the above symptoms associated with these diagnoses may have an adverse impact upon educational functioning that may result in an ED, OHI, or autism classification then questions from either a structured interview or directly from the DSM-5 may assist with a special education classification decision. Keep in mind, however, that you are not arriving at a DSM classification but rather a special education classification so be cautious about placing primary emphasis on instruments or interview procedures with specific linkage to DSM. There is not necessarily a one-to-one correspondence between a special education classification and a DSM classification.

Questions from either the DSM or a structured interview may be used to assist you in arriving at your special education classification decision. In Canada, practitioners do not have to concern themselves with IDEA classification categories and should instead reference the DSM. In Canada, or in a US clinic-based setting that offers and DSM classification, the use of a structured or semi-structured interview format is recommended so long as the evaluation also considers pertinent IDEA classification categories.

The following will present commonly experienced disorders of childhood—ADHD, ODD, Disruptive Mood Dysregulation Disorder, and Autism Spectrum—with their associated DSM diagnostic criteria rephrased in the form of an interview question for the caregiver or teacher. Endorsement of sufficient items may be indicative of eligibility for special education so long as educational impairment can be documented. This approach to interviewing may be used with other possible disorders of childhood including schizophrenia, bipolar disorder, and depression. All relevant psychological disorders of childhood discussed within the DSM-5 are not listed below. Instead, I have listed a sampling of commonly experienced psychological disorders of youth and demonstrate how to implement a structured/semi-structured interview with direct linkage to the DSM. I am including several frequently observed psychological disorders of childhood as examples. This approach can be used with any of the DSM disorders with which a child might struggle.

There are additional childhood psychological disorders which could contribute to a child's eligibility for a special education-based classification including Major Depressive Disorder, Selective Mutism and Generalized Anxiety Disorder. This list discussed above is not exhaustive. Rather, it is meant to be illustrative and serve as a guide for interviewing caregivers and teachers.

3.4   Gathering Background and Additional Data

Information about a child may be collected via structured developmental history questionnaires, direct questioning of caregivers, teachers and related personnel, review of records, and via distribution and collection of rating forms. This section will discuss these additional data sources.

3.4.1   Structured Developmental History Questionnaires

For the graduate student in school and clinical child psychology, it is recommended that a structured developmental history questionnaire be used to gather information about a child's prenatal, perinatal, early childhood history, and medical, educational, and family history. There are several questionnaires that are appropriate for such purposes including the BASC-2 *Structured Developmental History* (Reynolds & Kamphaus 2004) and a new, very comprehensive one that has recently been created called the *Child Development Questionnaire* (*CDQ*; Dombrowski, 2014). The *CDQ* is available from Dr. Dombrowski free of charge to purchasers of this book. When completed, structured developmental history questionnaires can provide valuable information about a past and present functioning.

3.4.2   Child Development Questionnaire (CDQ)

The CDQ is presented below and available to purchasers of this book who may contact the author via email for a copy. The CDQ is one of the more comprehensive structured child developmental history questionnaires available in the marketplace.

Child Development Questionnaire (CDQ)

Stefan C. Dombrowski, Ph.D.

Demographic Information

Child's Name: _____

Date: _____

Sex:

☐ Male

☐ Female

☐ Transgender

Grade: _____

Date of Birth: _____

Race/Ethnicity: (Please select all at that apply)

☐ White

☐ Black or African-American

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ Hispanic or Latino

☐ Native American or Native Alaskan

☐ Other: _____

Primary Language(s) spoken in home: _____

Preferred language? _____

English a Second Language:

☐ Yes or

☐ No?

Describe: _____

Name of Person Completing Form: _____ _____

Relationship to Child:

☐ Biological parent

☐ Stepparent

☐ Grandparent

☐ Foster Parent

☐ Aunt/Uncle Other _____

Address: _____

Mobile Phone: _____

Home Phone: _____

Work Phone: _____

Reason for Evaluation: _____ _____

At what age did you first become concerned? _____

What are your concerns about your child? (Check all that apply)

☐ Language/Speech/Communication

☐ Cognitive/learning development

☐ Emotional development

☐ Medical

☐ Motor development

☐ Behavior problems

☐ School performance

Child Development Questionnaire (CDQ)

Stefan C. Dombrowski, Ph.D.

Parental Information

Mother's Name: _____
Age: _____

Highest Grade Level Completed:

☐ 9th grade

☐ High School

☐ Some College

☐ Associates Degree

☐ Bachelor's

☐ Master's or Juris Doctor

☐ Doctorate (M.D., Ph.D., DDS, DVM)

Schools Attended: _____

Occupation _____

Primary Language: _____

Secondary Language: _____

Father's Name: _____
Age: _____

Highest Grade Level Completed:

☐ 9th grade

☐ High School

☐ Some College

☐ Associates Degree

☐ Bachelor's

☐ Master's or Juris Doctor

☐ Doctorate (M.D., Ph.D., DDS, DVM)

Schools Attended: _____

Occupation _____

Primary Language: _____

Secondary Language: _____

Family Constellation

Where and with whom does the child reside? _____

Are parents

☐ Together

☐ Separated

Individuals living with child:

Name	Age	Sex	Relationship to Child

Child Development Questionnaire (CDQ)

STEFAN C. DOMBROWSKI, PH.D.

Child Strengths, Interests and Hobbies

What are the child's strengths? _____

What are the child's interests and hobbies? _____

With what activities is the child involved? _____

Prenatal History

Number of prior pregnancies _____

Was Mom under doctor's care during pregnancy? _____ If so, how many visits? _____

Was the pregnancy _____

☐ Planned

☐ Planned with preconception counseling
☐ Unplanned

Experience of any of the following during pregnancy:

☐ Difficulty getting pregnant with this child?

Fertility treatment? Yes or No   Describe:

Multiple Fetuses during pregnancy? Yes or No Describe:

Infection(s) during Pregnancy: (Please select all that apply)

☐ Influenza

☐ Fever

☐ Measles

☐ Chicken Pox

☐ Herpes

☐ HIV

☐ Other Sexually Transmitted Infections

☐ Other Infection

Need for bedrest?

☐ Yes

☐ No

How long? _____

Hospitalization during pregnancy:

☐ Yes

☐ No

Why? _____

Maternal injury during pregnancy?

☐ Yes

☐ No

Premature rupture of membranes?

☐ Yes

Substance Use during Pregnancy

☐ Alcohol: Frequency: _____

☐ Cocaine: Frequency: _____

☐ Marijuana: Frequency: _____

☐ Heroin: Frequency: _____

☐ Other: Frequency: _____

Child Development Questionnaire (CDQ)

STEFAN C. DOMBROWSKI, PH.D.

Cigarettes Used During Pregnancy?

☐ Yes

☐ No

Frequency: _____

Prescription Medication (s) taken during pregnancy?

☐ Yes

☐ No

Describe: _____

During pregnancy, mother had

☐ High blood pressure

☐ Diabetes

☐ Sexually Transmitted Infection

☐ Measles

Abnormal Ultrasound:

☐ Yes

☐ No

 Explain: _____

Abnormal tests during pregnancy:

☐ Yes

☐ No

Explain: _____

Stress during Pregnancy:

☐ Yes

☐ No

Explain: _____

Other pregnancy problems:

☐ Yes

☐ No

Explain: _____

Perinatal

Age of Mother at birth of child: _____

Age of Father at Birth of the child: _____

Length of Pregnancy: _____ Weeks: _____

Birthweight _____ lbs _____ oz

Length at birth: _____ inches

Labor Length: _____ Hours

Delivery Type:

☐ Vaginal

☐ C-section

☐ Breech

Delivery Type (Continued)

☐ Forceps

☐ Vacuum used

Antibiotics given during labor?

☐ Yes

☐ No

Any placental issues?

☐ Yes

☐ No

Child Development Questionnaire (CDQ)

STEFAN C. DOMBROWSKI, PH.D.

Did the baby experience any of the following:

☐ Jaundice

☐ Apnea

☐ Bilirubin Lights

☐ Reflux

☐ NICU stay

☐ Blood problems

☐ Breathing Problems

☐ Tube feeding

☐ Need for ventilator

☐ Low oxygen

☐ Infection

☐ Feeding/Sucking problems

☐ Intraventricular hemorrhage (bleeding in the brain):

Medication (s) given to baby:

Early Developmental History

Breastfed

☐ Yes

☐ No

Until What age? _____

Overall baby was

☐ Easy

☐ Moderate

☐ Difficult

Early Developmental Milestones

(Check and include comments, if appropriate)

Gross Motor	Normal	Abnormal
Turn over	☐	☐
Sit alone	☐	☐
Crawl	☐	☐

Gross Motor	Normal	Abnormal
Pull to stand	☐	☐
Walk alone	☐	☐
Climb up stairs	☐	☐
Walk	☐	☐
Run	☐	☐
Hop	☐	☐
Pedal tricycle	☐	☐
Ride Two wheel bike	☐	☐
Throwing	☐	☐
Catching	☐	☐

Fine Motor	Normal	Abnormal
Reach for Objects	☐	☐
Zippers & buttons	☐	☐
Pincer grasp	☐	☐
Uses spoon	☐	☐
Removes clothing	☐	☐
Feeds with fingers	☐	☐
Hold cup	☐	☐
Prints name	☐	☐
Draws picture	☐	☐

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Tie Shoes	☐	☐

Language/Social	Normal	Abnormal
Smiles at others	☐	☐
Coo	☐	☐
Laugh	☐	☐
Babble	☐	☐
Wave bye-bye	☐	☐
Say mama/dada	☐	☐
Says first word	☐	☐
Point to object	☐	☐
Follow command with gesture	☐	☐
States name	☐	☐
Uses complete sentences	☐	☐

Holds conversation	☐	☐
Language/Social	Normal	Abnormal
Loss of language	☐	☐
Share emotion	☐	☐

Toilet trained

☐ Yes

☐ No

Age: _____

☐ Urine: _____ Daytime _____ At night:

☐ Stool: _____ Daytime _____ At night:

☐ Problems toileting?

Explain: _____

Behavioral and Temperamental History

Temperament

Activity Level:	☐ Normal	☐ High	☐ Low
Mood:	☐ Normal	☐ Happy	☐ Sad
Task Persistence	☐ High	☐ Medium	☐ Low
Irritability	☐ Low	☐ Average	☐ High
Fearfulness	☐ Low	☐ Average	☐ High
Shyness	☐ Low	☐ Average	☐ High
Adaptable/Flexible	☐ Low	☐ Average	☐ High

Sociability and Play

Does or did your child (check all that apply):

☐ Ignore children ☐ Initiate play ☐ Observe them ☐ Parallel play

☐ Join play ☐ Intrude on play ☐ Prefer adults ☐ Play alone

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Sports/Hobbies/Interests

Describe your child's hobbies, sports and interests?
_____

Has there been a decrease in interest in participating in these activities recently?
_____

Behavior

Does your child have difficulty with any of the following (currently or past)

☐ Colic	☐ Obsessions/Compulsions	☐ Sleeping (too little or too much)
☐ Eating	☐ Unusual Interests	☐ Temper Tantrums
☐ Head banging	☐ Unusual body movements	☐ Hitting others
☐ Biting	☐ Forgetfulness	☐ Distractibility
☐ Attention span	☐ Concentration	☐ Hyperactivity
☐ Task completion	☐ Trouble with Peers	☐ Fears
☐ Stealing	☐ Destructiveness	☐ Fighting
☐ Anxiety	☐ Need for same routine	☐ Involvement with law
☐ Irritability	☐ Rituals	☐ Trouble with siblings
☐ Impulsivity	☐ Fire setting	☐ Self-stimulation
☐ Excessive crying	☐ Failure to thrive	☐ Separating from parents
☐ Sensory issues	☐ Overreactivity to problems	☐ Meeting new people
☐ Calming down	☐ Unhappiness	☐ Needs parental supervision
☐ Smoke	☐ Drink alcohol	☐ Use illicit substances

Comments:_____

Parenting Style

How do you deal with behavioral issues? (Check all that apply)

☐ Ignoring	☐ Explaining	☐ Scolding
☐ Spanking	☐ Send child to room/Time out	☐ Removal of privileges

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☐ Reinforcement   ☐ Other: _____

Educational History

Attend daycare/preschool? ☐ Yes ☐ No   At what age? _____

Attend Kindergarten? ☐ Yes ☐ No   At what age? _____

Any problems in daycare/preschool or kindergarten? ☐ Yes ☐ No

Explain: _____

_____

_____

Does your child or did your child receive any of the following services:	When	Frequency	Service Provider
Early intervention			
Feeding therapy			
Physical therapy			
Occupational therapy			
Speech therapy			
Behavior therapy			
Other			

Elementary/Middle School/High School

	Check if applicable	Explain
Ever change schools?		
Repeated a grade?		
Skipped a grade?		
Difficulty with Reading?		
Difficulty with Math?		
Difficulty with writing?		
Receives poor grades?		
Been tested for special		

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education?		
Frequent absences?		

Medical History

	Normal	Abnormal	Comments
Head, eyes, ears, nose, throat			
Vision Screening (Date: _____)			
Hearing Screening (Date: _____)			
Heart			
Lungs			
Kidney			
Stomach/Intestinal/Constipation			
Reflux			
Asthma			
Feeding Issues			
Eczema/Skin issues			
Seizures			
Muscles			
Cerebral Palsy			
Joints/Bones			
Nervous system			
Exposure to toxins (lead; cigarette smoke; mold)			
Sleeping/Snoring			
Nutrition/Diet			
Other			

Celiac ☐ Yes ☐ No   Allergies ☐ Yes ☐ No   Explain: _____

Immunizations up to date   ☐ Yes ☐ No   Explain: _____

Diagnosed with any medical or genetic conditions? ☐ Yes ☐ No

Explain: _____

Is the child a picky eater?

Explain: _____

Hospitalizations

Date: _____   Reason _____

Date: _____   Reason _____

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Date: _____   Reason _____

Medications

Name _____   Dose _____

Frequency _____

Family History

Condition	Biological Father's Side	Biological Mother's Side	Sibling
ADHD			
Learning Disabilities			
Speech Problems			
Autism Spectrum Disorder			
Cognitive Delays			
Suicide			
Bipolar Disorder			
Anxiety			
Depression			
Birth Defects			
Genetic Disorders			
Seizures			
Substance Abuse			
Obsessive Compulsive Disorder			
Tics/Tourette's			
Thyroid Disorders			
Behavior Problems			
Contact with law			
Medications for Mental Health			
Other			

Additional Remarks/Comments:

3.4.3   Ascertaining Additional Background Information

In addition to the interview questions and developmental history noted above, there are additional sources of data that will need to be collected about a child. Information from rating forms and records are particularly important and need to be collected.

1. Educational and Behavioral Records at School

   - Report cards
   - State administered standardized test results (e.g., Iowa Test of Basic Skills; New Jersey Ask; PSSAs)
   - Curriculum-based assessments
   - School discipline records
   - Guided reading evaluations
   - Writing samples and other portfolios of the student's work

2. Prior Psychological and Functional Behavioral Assessment Reports—These reports contain important data such as previous norm-referenced and functional evaluation data that will be relevant to your report, serving as a source of base-line data and furnishing additional insight into the child's functioning.

3. Other Professionals Reports—This may include reports from the speech-language pathologist, the counselor, the physical and occupational therapist, and the behavior analyst.

4. IEP Document—If available, the prior IEP should be reviewed to determine what domains are targeted for intervention and whether the child has been making progress toward goals and objectives stated within the IEP.

5. Medical Records—This may contain information not furnished by caregivers including data regarding a child's hearing, vision, and infection history; whether the child has experienced any head trauma; and information on the child's early developmental history.

6. Rating Forms—These are often of a standardized nature including broad (e.g., BASC-2) and narrow (e.g., Beck Depression Inventory) band rating forms. This is not the place to discuss how to administer and score such instruments, but only to indicate that they are vitally important to the psychoeducational report. Rating forms should be distributed to parents, teachers, and the student.

3.5   Conclusion

After collection of the numerous sources of information described in this chapter, you will be one step closer to integrating this information with other data sources. Review and integration of the sources of data is a necessary process when

attempting to conceptualize a child's cognitive, academic, behavioral, social, emotional, and adaptive functioning. These important processes are explained in forthcoming chapters of this book.

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