

NAME: _____ DATE: _____

QUESTIONS ABOUT CHILDREN OF CLIENTS

1.

Child's Name	Age	Date of Birth	Grade	School	Hours

2. After school Activities:

3. Who transports? If you cannot transport who does?

4. Any special learning problems with the children?

5. Any special emotional or physical problems with the children?

6. Any situational problems that have risen because of the divorce?

7. Do you have a support system, such as family in the area, friends, church, etc?

8. Do you have any other responsibilities, such as elderly parents, that you care for?

9. What does the husband contribute? Does he transport?

10. Are there any temporary custody arrangements?

11. Is he reliable (picks up the kids when he says he will, etc) Any patterns?

12. Any problems that she may have in the family that would keep her from working?