The Incredible Years

Demographic Form

Time 2 CID

Mom/Other ○ Dad/Other ○

Office Use Only

Today's Date (mm/dd/yy) ☐☐ / ☐☐ / ☐☐

Interviewer's Name _____ **Parent's Name** _____

1. What is your current address?

Street Address Apt#

City State Zip

Phone: (area code)

email

2. What school will your child be attending next year?

_____

3. In case you should move before the project is completed, we would like to have the name, address, and telephone number of two relatives or friends who would always know your whereabouts.

a. First Contact Person:

First Name Middle Last Name

Street Address Apt#

City State Zip

Phone: (area code)

Relationship to you

b. Second Contact Person:

First Name Middle Last Name

Street Address Apt#

City State Zip

Phone: (area code)

Relationship to you

The next three questions are about any treatment, services or care that your child may have received. In trying to learn about how young people develop into adults it is important to know about their physical and emotional well-being.

1. In the past two years has your child seen a counselor, therapist, psychologist, psychiatrist, social worker or other mental health professional for treatment for mental health or behavior problems s/he may have been having? This **doesn't** include services received at school.

   ○ Yes ○ No ○ Don't Know If yes, total # of hours ☐☐☐

2. Has your child met with a school counselor, social worker or psychologist or attended a group **at school** for any problems s/he was having in the past two years?

   ○ Yes ○ No ○ Don't Know If yes, total # of hours ☐☐☐

3. In the past two years, has your child received any special education services for mental health or behavior problems, or has s/he been placed in a special classroom or school for these types of difficulties?

   ○ Yes ○ No ○ Don't Know If yes, for what? _____