**COUNTY OF HIDALGO**

**DOMESTIC RELATIONS OFFICE**

**PROFESSIONAL REFERENCE QUESTIONNAIRE FOR COUNSELOR**

*The following information is confidential, not subject to public release under Chapter 552, Government Code, and may be disclosed only for purposes consistent with the Texas Family Code, HIPAA, HB-300, and/or any other applicable federal or state law.*

NAME: _____ DATE: _____

AGENCY NAME: _____

ADDRESS:_____

TELEPHONE: __(____)_____ CELL: __(____)_____

As you answer the questions below, please keep in mind that it is the responsibility of the court to safeguard the welfare and future development of the child(ren) in this family. You can help the court in meeting this responsibility by being objective and confining your statements to what you have personally seen. Answer each question as completely as possible. Please, use additional paper as needed and provide the completed questionnaire to the parent in a sealed envelope with your signature on the outside of the envelope. Or you can fax this form to the Domestic Relations Office as soon as possible to: (956) 292-7050. If you have any questions please call the office at (956) 292-7048.

1. Name of child(ren) for whom you are completing this questionnaire:

2. Name of the Parent who requested the reference?

3. How were the child(ren) referred to you for counseling?

4. How would you describe the child(ren)'s personality and behavior?

5. Have you had an opportunity to meet with the parents? YES NO (Circle One)

6. How many times have you met with mother or father or both?

7. How many counseling sessions have been conducted, date(s), who attended?

8. What were the goals of counseling sessions?

9. Has progress toward the goals been made? What improvement have you noticed?

10. May we contact you at a later time?