

Has your child ever been placed in a foster home, group home, or shelter? _____

If so, please describe: _____

Please describe the parent-child (or caregiver-child) relationship: _____

Please describe the style of discipline used in your household: _____

Has your child ever experienced verbal, physical, or sexual abuse? Neglect? Y N

If so, please explain: _____

Has your child ever experienced thoughts about wanting to die? Y N

If so, please explain: _____

Has your child ever intentionally harmed him/herself? (e.g., suicide attempts, cutting, head banging) Y N

If so, please explain: _____

Has your child ever intentionally harmed someone else or had thoughts about it? Y N

If so, please explain: _____

Has your child ever been hospitalized for psychological concerns? Y N

If so, please explain: _____

Has your child/adolescent ever used or do they currently use drugs or alcohol?

If so, please explain (drug, age of use, how much, how often, consequences of use, etc.): _____

EDUCATIONAL HISTORY

Current School: _____

Current Grade: _____ School District: _____

Teacher's Name: _____

To the best of your knowledge, at what grade level is your child functioning in:

Reading?: _____ Spelling?: _____ Arithmetic?: _____

Does your child have trouble with handwriting? NO YES

Has your child ever repeated a grade? NO YES

If yes, which grade(s): _____

What grades does your child typically receive?: _____

What, if any, special educational services does your child receive? _____

Has your child had special testing in school over the past year or two? NO YES Don't Know

Does the teacher complain about your child's behavior in school? NO YES

If so, what about? _____

Any attendance problems? NO YES If yes, why? _____

Is finishing homework a problem? NO YES

Has your child ever been suspended/expelled from school? NO YES

If so, please explain: _____

Has your child engaged in any fighting/confrontational behavior at school? NO YES

If so, please explain: _____

Does your child have difficulties relating to or playing with other children? NO YES

If so, please explain: _____

Is your child involved in any sports, youth groups, clubs, etc.? NO YES

If so, please explain: _____

MISCELLANEOUS

What are your primary concerns regarding your child? _____

What do you think are the reasons for these issues? _____

How serious do you think your child's difficulties are at this time? (please circle)

No Problem Minor Problem Moderate Problem Serious Problem

What have you been told by doctors, teachers, or others about your child's difficulties? _____

What do you like about your child? _____

Compared to other families, the stress level of your home usually is: (please circle)

About the same

Less than most

Greater than most

Please list any **unusual and/or traumatic events** as well as **significant stressors** in your child's life that may have impacted upon his or her development and current functioning (e.g., any death in the family, divorce, significant illness, birth of a sibling, school changes, moves, etc.)

INCIDENT	AGE	COMMENTS
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____

Listed below are items about children’s behavior. Decide how much concern you have about each area **over the last few months**. Mark your choice by placing an X in the appropriate column to the right of each item.

BEHAVIORAL AREA	No Problem	Some Problem	Large Problem
Eating problems			
Sleeping problems			
Fears or worries			
Speech problems			
Wets or soils self			
Clingy, dependent			
Temper Tantrums			
Many physical complaints			
Clumsy or Poor Coordination			
Socially Immature			
Nervous Twitches or Tics			
Unhappy Child			
Angry Child			
Braggs			
Shyness			
Problems with friends			
Alcohol/Drug use			
Fights with siblings			
Acts without thinking			
Overactive			
Short Attention Span			
Stealing			
Lying			
Perfectionistic			
Not doing what is asked			
Argues			
Whines/cries			
Suicidal Talk or Thoughts			
Likes being alone			
Overweight			
Lacks energy			
Strange Ideas			
Strange Behaviors			
Sexualized Behaviors			
Other (please specify)			