

## <u>Children and Youth Assessment</u> <u>Parent/Guardian Form</u>

Please fill out all of the following pages *prior* to your initial appointment. If you do not know the information, please write "Unknown."

Childs	name:			DOB	_ Today's Dat	te		
Child'	s Schoo	ol Grade:	Teacher:	Grades	: Good _	Average _	Struggl	.es
Pediat	rician:		Last visit to your	doctor:	May we c	ontact them:	Yes or	No
Mothe	er's Nan	ne:		Her email:		Pho	ne #	
Father	's Nam	e:		His email:		Ph	one #	
SAFET	Y CON	CERNS: Are	you worried about	any of the foll	owing for th	e child?		
No	Yes			If yes, please	explain			
		Accidenta himself/h	lly hurting erself					
		Suicidal th	oughts, threats or					
		(assaultive	meone else behavior to mbers of peers)					
		-	ty concerns:					
2. Whe	ere do t	he problen	re here today is: ns or behaviors usi ns or behaviors NE		Home? Schoo	ol? Other?		
	•	attern or tr is around	igger for when the I? Etc.)	e problems sta	rt? (Time of	day? Right be	efore	_?
5. Wha	it are y	ou most wo	rried might happe	en?				
6. How	longh	ave you be	en worried about	this?				
7. Whe	n did t	hese behav	iors begin?					
8. Wha	t do yo	u think cau	sed the problems	?				
9. How	have y	ou handled	f problems in the	past?				
10. Wł	nat do y	ou think yo	our child is most w	orried about?				
11. Wh	nen was	the last ti	me that your child	was doing rea	lly well?			

12. Please describe the positive behaviors that were happening at the time:

5	YMPTOMS CHECKLIST (c	he	ck all that apply)		
	Depressed mood, seems sad		Difficult time sitting still		Fidgets/squirms
	Irritable		Talks excessively		Often leaves seat
	Poor appetite	П	Doesn't listen enough to understand		Often on the go
	Sleeps too much	H	instructions Listens but forgets quickly		Difficulty playing quietly
	Doesn't sleep enough	=	Listens & understands but gets		Talks excessively
	Hopelessness	닏	distracted easily		
	Tired more than usual/low energy		Hard time listening to boring people		Deliberately annoys people
	Low self-esteem		Often blurts out answers before questions have been completed		Blames others
	Has lost interest in things that used to be interesting or fun		Difficulty waiting for his/her turn		Easily annoyed
	Weight concerns (loss/gain)		Often interrupts	$\sqsubseteq$	Spiteful or vindictive
П	Moves slower than normal		Makes careless mistakes	Ц	Loses temper
	Has a harder time concentrating than		Starts out with the intention of	Ш	Argues with adults
	in the past Thinks or talks about death	$\equiv$	finishing but quits in the middle Difficult time organizing tasks and		Defies or refuses to comply with requests or rules
	Suicidal thoughts or behaviors	Ш	activities		'
	Suicidal thoughts of Denaviors		Avoids participating in things that require sitting still or concentrating		Self-mutilation or harm
	Elevated stress, anxiety, and worry	П	Often loses things		Abnormalities in speech
	seem to be new behaviors		Easily distracted		Excessive reaction to change or
	Worries a lot		Forgetful in daily activities	=	routine Initiates or terminates interaction
	Very anxious and nervous most of the time		Child is having difficulty in	$\sqcup$	inappropriately
	Nervous or worried about things	$\equiv$	relationships with peers Family relationships are suffering	Ш	Significantly indiscreet marks
	more than other kids There is a clear reason for worries	Ш	because of attitude		Little or no interest in peers or family
	and stress		Family relationships are suffering because of behaviors		Explosive temper with minimal
	1		Deliberately annoys people	H	provocation Stereotyped mannerisms or posture
	More oppositional than usual		Often angry and resentful	H	Overreaction to touch or noise
	Recent head injury  Feels sick without a clear reason		Wants revenge	Ħ	Compulsive rituals
		Ц	Loses temper		Motor or vocal ties
	Unrealistic worry about the future	닏	Thinking that all rules are stupid		Drug and alcohol use resulting in failure in work, school, or home
	Unrealistic concern about past events	Ш	Argues with adults		obligations
	Feels self-conscious		Defies or refuses to comply with requests or rules		Drug and alcohol use resulting in physically dangerous situations
	Excessive distress when thinking about being away from parent		Explosive temper with minimal provocation		Legal problems
	Distress when away from home		provocation		Social or interpersonal problems
	Worries about bad things happening		Aggression toward people/animals		Drug and alcohol use resulting in tolerance/withdrawal
	to parent or family Persistent school refusal because of		Hurts animals on purpose		Intoxication (drunk)
	being away from home or parents		Destroys property when angry or as		
Щ	Avoids being alone	$\Box$	revenge Lies to get out of consequences		
	Refuses to sleep alone	Ħ	Lies to look good		
		П	Lies for no good reason		
		$\exists$	Breaks the law		
			Blames others for problems		
			Does not seem to understand the feelings of others/lacks empathy		

1.	ST TREATMENT Has your child ever _ No Yes							ıl? What woı	rked,	what didn't work?
	Is your child getting _ No Yes	-	ment from explain:	anyo	one else ri	ght now	ı?			
	Has your child recei _ No Yes						y other counseld ou agree with th		or do	octor?
	MEDICATIONS									
	Medication(s)		Taking now	Trie	ed in the st	Dose	Frequency	Duration? Started- ended		Doctor
	FAMILY RELATI	ONS	HIPS							
	Relationship with child	Close	e Aver	age	Distant	None	What does yo enjoy about tl relationship?		con	blems or flicts in the ationship are out?
	Mother									
	Father									
	Sibling: Name/age									
	Sibling: Name/age									
	Sibling: Name/age									
	Sibling: Name/age									
	Step-parent Name:									
	Step-parent Name:									

Mom's boyfriend or partner

Dad's girlfriend or partner

Other:

## FAMILY HISTORY (check all that apply)

	None/NA/ Unknown	Past problem drugs or alcohol	Current drugs	Current alcohol	Depression	Suicide attempt	Anxiety/ Panic	Schizophrenia	Bipolar	Bizzare behavior	ADHD history	Abuse history
Father												
Mother												
Step- father												
Step- mother												
Sibling												
Sibling						ĺ						
Sibling						ĺ						
Sibling						ĺ						
Paternal Grandpa												
Paternal Grandma												
Maternal Grandpa												
Maternal Grandma												

randma									
aternal randpa									
aternal randma									
PEER	RELAT	IONSH	IPS						
1. Wh	o are the	importa	nt adu	lts in y	our child':	s life?			
2. Wh	o are the	importa	nt frie	nds in	your child	's life?			
3. Hov	v easily d	loes you	r child	make	friends?				
	1		2		worse t	3			
Easier	than ave	erage	avera	age	worse t	han ave	rage		
4. Do	friends co	ome to y	our ho	me?					
	1	2		3	om N	4			
Freq	uently (	Occasio	nally	Seldo	om N	one			
5. Wh	at roles d	oes you	r child	take w	hen playi	ng with	peers?		
Pa	ssive _ ader _	Asse Boss	rtive y	A	ggressive ontrolling	Fo	ollower ther		
	IPLINE requent	used for	m of d	iscipliı	ne:				
					Ground s or privile		Spa	nking 	
Does discipline work? Yes No How many people are responsible for disciplining your child? Do caretakers agree about type of discipline? Yes No									

DEVELOPMENTAL				
	Planned I		noutral	nogativo
			neutral neutral	
	, if any, were used by			negative
Wilde incoredeions	, ii diiy, were asea sy	modifier during pro	.g.idiicy i	
Use of drugs/alcol	nol/tobacco by mothe	er prior to, during, o	or after pregnancy	
Yes N	lo If yes, descri	ibe:		
	nol/tobacco by father		r after pregnancy	
	No If yes, descri prior to, during, or afto			
	No If yes, descri			
	o, during, or after pre			
	lo If yes, descri			
	ild: lbs (			
Did parents have o	difficulty establishing	g a sleep routine/sc	hedule? Yes	No
Child was cared fo	or by: parent	relative	sitter daycar	e other
Infant was usually	: (Check all that apply	y)		
Easy to feed	Difficult	to feed	Often fussy or irritabl	e Easy going
Happy and cor	ntent Played p	eek-a-boo		Difficulty
Cried a lot	Colic		Sad	sleeping
Developmental M	ilestones			
Sitting up	earlv	average (5-8	months) la	te
Crawling	early	average (7-10	) months) la	te
Walking	early		) months) la L4 months) la	
			L8 months) la	
	early	average (16-2		te
Toilet training	early	average (24 n	nonths) la	te
Are there any cond	cerns or problems wit	th the following?		
			other:	
J	J			
CHILDHOOD ISSUI				
Behavior with oth	ers (friends, family) a	fter warming up?		
more sociable	<u>Z</u>	more unsociable		
more sociable	average	more disociable		
When child wants	something, how insis	stent is he/she?		
1	2	3	4	5
very insistent	pretty insistent	average	not very insistent	not at all insistent
How oasily door	مريد جاء المام طاء حاء	200		
now easily does y	our child handle char 2	nge? 3		
easily	average	 resistant		
- · - <b>,</b>				
Activity level as a				
1	2	3	4	5
very active	active	average	less active	not active

ADAPTIVE BEHAVIOR:								
Do you have major conflicts around bed time? Yes No								
Does your child sleep in their own bed? Yes No								
	length of time to				Minutes			
	e child sleep throu	gh the	e night?		Yes  No			
	ight terrors?				Yes No		often?	
N.	ightmares?			_	Yes No	how	often?	
Does the	child sit through	meals	5?	_	Yes No			
<b>Appetite</b>	e: good	fa	air poor	_	picky			
			nflict around dressir			No		
Can child	d play independer	ntly?	Yes	N	o Average len	gth of	time: mintues	
ls your c	hild's play imagin	ative?	Yes	N	0	•	time: mintues	
	e your child's favo							
Can you	ır child follow a	1 na	ert instruction?		Yes No			
Call you	ii Cilità lottow a	T-ha	rt instruction? ort instruction?	-	Yes No			
		<i>3</i> -pa	rt instruction?		Yes NO			
	SION OF FEELINGS							
			ely interpret how yo				Yes No	
_			ild's most typical fe		_			
Нар	py Angry		Frustrated	Sac		s/Wor	ried	
When h	urt, does your chil	ld see	k comfort?	-	Yes No			
		Acce	ept comfort?		Yes No			
		Refu	ised comfort?					
		Can	comfort self?		Yes No			
		No r	eaction?	-	Yes No			
		Not:	sure?		Yes No			
FE/	ARS:							
	None		Public places		Closed spaces		Heights	
	Animals		Flying		Insects		Social activities	
	Travel		Schools		Germs		Other:	
	Describe:	•				-		
RIT	UALS:							
	None		Hand washing		Counting		Checking	
	Touching		Other:					
	Describe:							
OB	ESSIONS (exce	ccive	worry).					
	None	33100	Ilness & disease		Death	$\top$	Contamination	
	Harm to parents		iniess O disease			+		
	or siblings		Disasters		Violence		Other:	
	Describe:							

CHILD'S MEDICAL HISTOR Are there any medical pro		our chi	ild's mental healt	h proble	ems?	Yes	No
Have you seen your famil	ly doctor about your	conce	erns?			Yes	
General health: 1 very good	Z I good	<u>3</u> fair	poor	5 verv			
Does your child/youth ha Hearing loss?		1011	pool	very	<b>P</b> 00.		
Speech or language prob							
Any surgery or hospitalize Chronic health prob							
Asthma	Yes No		HIV		Yes	No	
Diabetes	Yes No		Liver Problems		Yes	No	
Heart Condition	Yes No		Chronic Pain		Yes	No	
Seizure Disorder	Yes No		Neurological Pro	blems	Yes	No	
Kidney Problems	Yes No		Other:		Yes	No	
Failure to Thrive	Yes No		Other:		Yes	No	
SCHOOL & DAYCARE	HISTORY						
Is your child in school?	Yes No						
What is the number of sc							
Has your child been susp		dayca	re? Yes	No			
If yes, please explain Has your child ever been		al edi	ication program?		Yes	No	
If yes, please expla			reacion programm		cs		
Is your child's school con	cerned about your o	:hild?	Yes N	0			
If yes, please expla	ain:						
STRESSORS							
Are any of these situatio life?	ns in your child's	Yes o	If yes, please	explain			
Move to a new home		-	How many? _				
Parent(s) remarried/new	parent	ļ					
Divorce/Separation		ļ					
Employment changes							
Birth of sibling							
Change of school or day	care						
Death in family							
Financial stress							
Serious illness in family	members						
Foster care							
Homeless							
Adoption							
Substance use/abuse by	the child?						
Substance use/abuse by	family member?						
Other:							

	your child ever witnessed do		Yes No				
	anyone in the family been a v the child ever been physically		Yes No Yes No				
	the child ever been sexually a		Yes No				
Has	Yes No						
Are 1	there any other agencies curr	ently	providing services? Yes	<u> </u>	_ No		
	DCFS		Local Mental Health Center		Local Interagency Council		
	DWS		Other Mental Health Center		Family or Youth Advocate		
	DHS		Local School District		Youth Corrections		
ls a p	parent incarcerated currently	?	Yes N	lo			
	Mother		Father		Step-parent		
Has	either parent ever been incar	cera	ted?YesN	lo			
	Mother		Father		Step-parent		
If ye	s, does the child visit?		Yes No How of	ten?			
LEG	AL INVOLVEMENT OF CH	ill[	)				
	either parent ever been incar	cera	ted? Yes N	l٥			
Prob	ation officer's name:						
	None						
	Breaking and entering		Public intoxication		Assault		
	Arrests	Charge file Burglary					
	Posession of weapon		Petty theft		Illegal use of automobile		
	Drug sales		DUI		Drug possession		
CUL	.TURAL/ETHNIC/RACIAI	. IS	SUES				
_	ou aware of any cultural, eth		-	<u> </u>	Yes No		
	ur family or child/youth expe			Г	Preference in provider		
	Stigma Prejudice Language Stereotyp	ing	Racism		Other		
		J					
	has your child handled this?		Vos. No				
	ur child accepted by peers? ur child able to share his/her			;	No		
	se describe:		res				
SPI	RITUAL RELIGIOUS ISSU	ES					
	you aware of any religious or				Yes No		
	s your family or child/youth e						
	nability to participate in pref Insensitivity from others	erre	a retigion				
	Insensitivity toward others						
	Difficulty being accepted by p	eers	due to religion or spiritual p	refei	rence		
	have you handled this?						
_	ou and your child have impor Yes No	tant	differences in spiritual or rel	igiou	us beliefs or practices?		
	<del></del>	ican	t relationship problems at ho	me?	Yes No		
Doe	Does your child practice an organized religion?Yes No Religion:						

Is there anything else that you feel your therapist should know?
What STRENGTHS, SKILLS, ATTRIBUTES, PERSONALITY TRAITS etc. does your child have RIGHT NOW that will help them in life? (What do you like most about them? BRAG!)
Treatment goal(s): What can we help you and your family accomplish in the next 3-6 months? Please be as specific as possible.
Discharge goal(s): Please describe your ideal vision of how life will be when there are some positive changes? For instance: My child will when or My family will be able to
Congratulations for finishing this form and thank you for providing all of this information. It will be very helpful in working together to figure out how to best provide treatment to you and your family. Today's appointment will probably last about an hour.