

CHILD PSYCHOSOCIAL ASSESSMENT

Symptoms *Please check all that apply*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Depression | <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Hyper-vigilant | <input type="checkbox"/> Low impulse control | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Conduct problems | <input type="checkbox"/> Isolation | <input type="checkbox"/> Plays out violent themes | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Lack of empathy | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Headaches, stomachaches |
| <input type="checkbox"/> Other: _____ | | | |

Social History

Describe your child socially. *Please check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Other children seek him/her out to play | <input type="checkbox"/> Fights a lot with other children |
| <input type="checkbox"/> He/she seeks others out to play | <input type="checkbox"/> Makes friends easily |
| <input type="checkbox"/> He/she prefers to play alone | <input type="checkbox"/> Has difficulty making friends |
| <input type="checkbox"/> Plays cooperatively with children | <input type="checkbox"/> Is picked on often |
| <input type="checkbox"/> Bullies other kids | <input type="checkbox"/> Is demanding and bossy |
| <input type="checkbox"/> Plays with older kids | <input type="checkbox"/> Plays with younger kids |

How many friends does your child have? _____

Does your child have a best friend? Yes No If yes, first name: _____

How does your child get along with non-parent adults? *Please check all that apply*

- Friendly Cooperative Disobedient Disrespectful Obedient
 Better behaved than with parents Adults like my child Other: _____

How does your child get along with siblings? *Please check all that apply*

- Protective Frequent fighting/arguments Won't share Jealous Ignores them Plays well

Academic History

Has your child repeated a grade? Yes No If yes, which year(s)? _____

Does your child have a learning disability? Yes No If yes, explain _____

Does your child have an IEP? Yes No

What school subject(s) does your child enjoy/thrive in? _____

What school subject(s) does your child dislike or struggle with? _____

Please describe any issues or concerns you may have with your child's academics? _____

Coping Skills

How does your child usually cope when under stress? *Please check all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Tries to solve problems alone | <input type="checkbox"/> Seeks information regarding problem |
| <input type="checkbox"/> Asks parent/adult for help | <input type="checkbox"/> Asks friends for help |
| <input type="checkbox"/> Gives up easily | <input type="checkbox"/> Makes a joke about the problem |
| <input type="checkbox"/> Refuses to talk about it ("Holds it in") | <input type="checkbox"/> Ignores/pretends there is no problem |
| <input type="checkbox"/> Becomes anxious and/or tearful | <input type="checkbox"/> Becomes angry and/or throws tantrums |
| <input type="checkbox"/> Becomes manipulative/deceitful | <input type="checkbox"/> Withdraws, tries to be alone |
| <input type="checkbox"/> Becomes physically ill (stomachache, headache) | |
| <input type="checkbox"/> Other: _____ | |