

Teen Assessment by Parents

Parent's please complete

The purpose of this form is to obtain a history of your child's life. The information you are able to provide will assist me to better understand your child's present problem or issue.

Please answer all questions. Where a question does not apply, write "does not apply" or "N/A". Some of the questions may require considerable thought before answering. Please describe and explain the situation as it is and avoid the use of words such as average, normal, and good.

Teen's name: _____ Phone _____ Gender M / F

Birthdate: _____ Age _____ Name of School _____ Phone _____ Grade _____

Primary Custodial Parent (s) _____

Primary home address _____

Second home address (if applicable) _____

Immediate Family members:	Name	Age	School Completed
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Family (Include Grand parents, Aunts and/or Uncles, Cousins) mental/emotional trends or diagnoses: (Please include any substance issues or abuse): This would also include depression, anxiety, anger issues/outbursts issues.

Fathers Biological Family

Mothers Biological Family

Please describe in your own words, your child's present problem or issue. Include *when it began* and what you think caused it.

Please list any major changes that have occurred in your child's life in the past year:

Describe any difficulties your child has had or is currently having:

Other than the present problem, how would you describe your child?

What does your child like to do? How does your child spend their time?

What makes your child afraid?

Would you describe your child as one who worries often? Any idea about what?

Describe how your child gets along with brothers and sisters:

How many close friends does your child have?

Describe how your child gets along with other children (please include your opinion if they are a leader, follower, loner, etc):

How would you describe your parenting style? Your spouses (if applicable)? (beliefs, role, etc)

How would you describe your home environment?

How are problems solved in your family?

Are there any pets in your household? _____ If so, what kind and describe your child's relationship and responsibility with them:

Does your child do chores? If so, the main chores are:

Is an allowance or reward system in place?

Describe how your relationship with your child; your spouses (if applicable)

Describe any problems or issues the other children in the family have:

Has your child ever been diagnosed with an emotional problem? If yes, was the diagnosis made by a physician, psychiatrist, or other professional (please be specific).

Please list any medications your child currently takes. In your opinion, is the medication effective? Why or why not?

To what extent, in the past and in the present has your child been cared for by others? Who? Where? (in your own home or elsewhere):

Is the child from your present marriage? _____ if not, please provide information to help me know at least as much as the child knows:

In what areas are the greatest disagreements about the management of the children? Who generally has the final authority?:

Describe the current living situation including number of people in the home, the sleeping arrangements, and the financial status (in general terms of course).

What is the occupation of each parent and the hours of work of each?

If your child attends school, describe his/her performance; past and present:

If your child does not attend school, explain why not:

Describe any school issues your child has or has had:

Describe your child's relationships with his/her teachers. Has your child seen the school counselor? If yes, please indicate for what reasons: (including authority issues, inattention, bullying, etc):

Please check any of the following which may apply to your child. If you are unsure but think an item could apply, place a question mar, (?). Write any comments to explain each problem as you perceive it.

- _____ 1. Bedwetting _____
- _____ 2. Competitive (overly) _____
- _____ 3. Crying excessively _____
- _____ 4. Daydreaming (excessively) _____
- _____ 5. Demanding _____
- _____ 6. Depressed _____
- _____ 7. Destructive _____
- _____ 8, Drug Abuse _____
- _____ 9. Fearful _____
- _____ 10. Feels unloved _____
- _____ 11. Fighting excessively _____
- _____ 12. Fire setting _____
- _____ 13. Head banging or self-harming behavior _____
- _____ 14. Hyperactivity _____
- _____ 15. Irritability (excessively) _____
- _____ 16. Imaginary playmates _____
- _____ 17. Learning difficulties _____
- _____ 18. Loner (withdraws) _____
- _____ 19. Lying _____
- _____ 20. Menstrual (if so, for how long?) _____
- _____ 21. Mood swings _____
- _____ 22. Nail biting _____
- _____ 23. Nervousness _____
- _____ 24. Oral fixations _____
- _____ 25. Phobias _____
- _____ 26. Profanity _____

- _____ 27. Rebellious _____
- _____ 28. Running away _____
- _____ 29. School adjustment _____
- _____ 30. self-abuse _____
- _____ 31. Sensitive to criticism _____
- _____ 32. Sexual Adjustment _____
- _____ 33. Sexual orientation _____
- _____ 34. Shyness _____
- _____ 35. Sleeping (excessive, not enough, etc) _____
- _____ 36. Stealing _____
- _____ 37. Stuttering _____
- _____ 38. Suicidal threats _____
- _____ 39. Temper tantrums _____
- _____ 40. Truancy _____
- _____ 41. Sexual activity _____
- _____ 42. Worrying _____
- _____ 43. Other _____

If your child has had any psychological service previously, please sign a release form giving me authorization to obtain copies of reports. Please ask me for the proper form.

Consent to treat my child:

I, _____ the undersigned parent(s) or guardian(s) of _____, age _____, and do hereby give my permission for him/her to enter into counseling. It is understood that this consent is subject to revocation by the client, parent, or guardian at any time except that action has already been taken on that consent.

Signature of Parent (s) or Guardian (s)

Date

Signature of Counselor

Date