

Child's Name: _____ Date: _____
Date of Birth: _____

Ages 11 – 12 years

Does your child have trouble paying attention? Yes No

Does your child often seem:
Distrustful of others? Yes No
To express strange thoughts?..... Yes No
Blame others? Yes No

Does your child have problems at school with:
Behavior?..... Yes No
Grades? Yes No
Skipping classes?..... Yes No

Do you have concerns about your child's:
Eating? Yes No
Sleep? Yes No
Weight? Yes No

Does your child often complain of "not feeling well"? Yes No

Does your child have trouble making or keeping friends? Yes No

Does your child often seem:
Sad? Yes No
Angry?..... Yes No
Nervous or afraid?..... Yes No

Does your child show any of these behaviors?
Destroy property? Yes No
Set fire? Yes No
Lie? Yes No
Steal? Yes No
Listen to music with violent message? Yes No
Hurt animal or smaller children? Yes No
Use alcohol? Yes No
Use drugs?..... Yes No
Smoke cigarettes? Yes No
Sexually active? Yes No
Is there a history of injuries, accidents? Yes No

If yes, please specify: _____

Is there any history of maltreatment or abuse? Yes No

If yes, please specify: _____

Is there a recent stress on the family or child such as:
Birth of a child Yes No
Moving Yes No
Divorce or separation Yes No
Death of a close relative Yes No
Fired or laid off Yes No
Legal problems Yes No
Others (Please specify): _____

Do you have other parenting concerns? Yes No

Please specify: _____