

Child's Name: _____ Date: _____

Date of Birth: _____

Ages 6 – 10 Years

Does your child often seem:

- Distrustful of others? Yes No
Have trouble paying attention? Yes No
Blame others? 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 problems getting along with:

- Parent(s)? Yes No
Other family members? Yes No
Friends? Yes No
School mates? Yes No

Does your child have problems at school with:

- Behavior? Yes No
Grades? Yes No
Not wanting to go to school? Yes No

Does your child often seem:

- Sad? Yes No
Angry? Yes No
Nervous or afraid? Yes No
Cranky? Yes No
Not interested? Yes No

Does your child often:

- Destroy property? Yes No
Lie? Yes No
Steal? Yes No
Hurt animals or smaller children? 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: _____