CHILD/ADOLESCENT PSYCHOSOCIAL ASSESSMENT

Child's Name: ______________________________ Date of Birth : ______________________

Gender: ____________ Ethnicity: ______________ Religious Affiliation: ____________________

Languages spoken in the home: ____

Handedness? _____ Right _____ Left   Corrective lenses? _____ Yes _____ No

Pregnancy & Birth History

Were there any complications during pregnancy? _____No _____Yes If yes, please describe:

____

_____Full-Term Birth _____Premature

Were there any complications during birth? _____No _____Yes If yes, please describe:

____

Child's weight at birth? _____________
Child's health at birth? ____

Was your child adopted? _____No _____Yes If yes, at what age? ______________

_____ Domestic Adoption? _____International Adoption? (Country: _______________)

Developmental History

As accurately as you can remember, how old was your child when she/he:

Rolled over? ________ Crawled? ________ Walked? _______ Talked (two words)? ________

Do/did you have concerns about your child's development in any of the areas listed below?

___Speech/Language ___Motor Skills ___Cognitive/Intellectual ___Sensory ___Behavioral ___Emotional ___Social

If so, please describe:

____

____

____

Has your child experienced any significant changes, losses and/or stresses? ______No _____Yes
If yes, please describe:

____

____

____

Health History

How would you describe your child's overall health? ____

Does your child have any recurrent medical conditions such as ear infections, asthma, or allergies? ___Y___N

If yes, please explain: ____

____

Has your child ever had a serious accident/illness or hospitalization? _____Yes _____No If yes, describe:

____

Psychiatric/Psychological History

Has your child ever seen a psychiatrist? _____Yes _____No If yes, whom, when and reason?

____

Has your child ever been diagnosed with a mental health, emotional or psychological condition? ___Y ___N

If yes, what diagnosis was your child given? ____

Has your child received counseling services or been hospitalized for mental health or drug/alcohol concerns in the past? _____Yes _____No If yes, please provide more information: ___________________________

____

Safety Concerns

To the best of your knowledge, is your child presently suicidal? _____Yes _____No If yes, please explain:

____

____

To the best of your knowledge, has your child ever attempted to commit suicide? _____Yes _____No

If yes, when and how? ____

Is there a history of suicide in your child's immediate and/or extended family? _____Yes _____No

If yes, please explain:

____

____

Has your child ever inflicted burns or wounds on his/herself? _____Yes _____No

To the best of your knowledge, is your child presently homicidal? _____Yes _____No If yes, explain:

____

Are you aware of any other risk factors or safety issues (past or present), such as history of running away, bullying concerns, online activity? Please describe:

____

____

Current Functioning

Do you have concerns about your child in the following areas? (check all that apply)

____Eating ____Hygiene/grooming ____Sleeping ____Activities/play ____Social Relationships

If so, please describe:

____

____

Please rate your child's personality/temperament (how they behave the majority of the time in each of the following areas on a scale from 1 to 7 by placing a check above the number that best describes your child):

ENERGY/ACTIVITY LEVEL (How active is my child?)

	1	2	3	4	5	6	7	
CAN sit still and listen for long periods of time	____	____	____	____	____	____	____	CAN'T sit still and listen for long periods of time

NEED FOR PHYSICAL ROUTINE (How much routine does my child need?)

	1	2	3	4	5	6	7	
ENJOYS ROUTINE; easily upset when day doesn't go as usual	____	____	____	____	____	____	____	ENJOYS DOING THINGS DIFFERENTLY; may not notice small changes in the day

MOOD (What is my child's mood most of the time)?

	1	2	3	4	5	6	7	
ANXIOUS-usually frustrated and worried	____	____	____	____	____	____	____	CALM-usually relaxed
HAPPY-usually enjoys what he/she is doing	____	____	____	____	____	____	____	SAD-usually unhappy; hard time having fun
CURIOUS-usually eager to know something	____	____	____	____	____	____	____	TIMID-usually not interested
ANGRY-easily frustrated and annoyed with others	____	____	____	____	____	____	____	CALM-usually composed/peaceful

INTENSITY (How strongly does my child express feelings, wants and opinions?)

	1	2	3	4	5	6	7	
MILD REACTION-calm and cooperative; easily pushed around by others	____	____	____	____	____	____	____	STRONG REACTION-may cry or yell over small things

PERSISTENCE (Can my child stick with and complete tasks?)

	1	2	3	4	5	6	7	
Will stick with something until it is done	____	____	____	____	____	____	____	Gives up on tasks; has trouble finishing things

SENSITIVITY TO SENSES (How sensitive is my child to light, smells, sounds, and touching?)

	1	2	3	4	5	6	7	
Learns by seeing touching and using all his/her senses	____	____	____	____	____	____	____	Has strong reaction to noise, lights, hugging, or touching

PERCEPTIVENESS (How aware is my child of feelings and emotions?)

Sympathetic to others; can use words to tell how he/she feels	____ 1	____ 2	____ 3	____ 4	____ 5	____ 6	____ 7	Unaware of the feelings of others

ADAPTABILITY (How easily does my child accept changes?)

Often fearful with new people and new situations	____ 1	____ 2	____ 3	____ 4	____ 5	____ 6	____ 7	Will easily meet and accept new people and activities

ATTENTION SPAN/DISTRACTIBILITY (How well does my child pay attention?)

Stays focused on tasks until completed	____ 1	____ 2	____ 3	____ 4	____ 5	____ 6	____ 7	Easily sidetracked; difficulty following directions

Parent/child relationship

Describe parenting your child (e.g. difficult, easy): ______________________________

What do you find most challenging in parenting your child? ______________________________

What do you find most rewarding in parenting your child? ______________________________

What kind of discipline works best with your child? ______________________________

Education

Is your child currently enrolled in school? _____Yes (name of school ____________________) _____No

What grade is your child currently in (if summer, what grade is your child going into)? ____________

Has your child ever repeated a grade: ____ No ____Yes (which grade and reason): ____________

How would you describe your child's attendance (currently)? Circle ALL that apply:

Attending regularly Home-schooled Some truancy Alternative school Suspended

Expelled Dropped out GED program

How would you describe your child's achievement/grades in school? ______________________________

How would you describe your child's attitude towards school/education? ______________________________

Disciplinary or behavioral issues at school? _____No _____Yes If yes, describe: ____________

____

Please check if your child has any of the following:

_____ Special Education Accommodations/504 plan Describe: ______________________________

_____ Individualized Education Plan (IEP) Describe: ______________________________

_____Diagnosed Learning Disability Describe: ______________________________

_____Receiving special services at school Describe: ______________________________

FAMILY MENTAL HEALTH HISTORY

Please identify if any members of your family have had a history of any of the following mental health/drug abuse/legal concerns.

Relation	Depression	Anxiety	Psychosis	ADHD	Cognitive Impairment	Substance Abuse	Anger Problems
Mother							
Father							
Siblings							
Maternal Uncle							
Paternal Uncle							
Maternal Aunt							
Paternal Aunt							
Maternal Grand mother							
Paternal Grand mother							
Maternal Grand father							
Paternal Grand father							

Additional Information: ____

____

____

ALCOHOL/DRUG ASSESSMENT

Does your child use tobacco or smokeless tobacco? _____ Yes _____ No ______ Do not know

Does your child vape or jewel? _____ Yes _____ No ______ Do not know

To your knowledge, has your child ever used medications (prescription drugs or over the counter medication) recreationally? ______ Yes _____ No _______ Do not know

To your knowledge, has your child ever used illicit drugs? _____ Yes _____ No _____ Do not know
If yes, please describe:

____

____

____

Please describe your child's electronics use:

____

____

____

LEGAL INVOLVEMENT

Is there a current custody case involving your child? ______ Yes _____ No If yes, please describe:

____

____

____

HISTORY OF ABUSE

Has your child ever been abused or assaulted? ______ Yes ______ No If yes, please complete the chart below.

Type of Abuse	By Whom? (relation to child, if any)	At What Age?	Was it Reported?
Sexual			Yes No
Physical			Yes No
Emotional			Yes No
Verbal			Yes No
Abandoned/Neglected			Yes No

Has your child ever been a victim of bullying? _____ Yes _____ No

Do you worry about your child's safety? _____ Yes _____ No

STRENGTHS/RESOURCES/SUPPORTS

Share some of your child's strengths: ____

What resources does your child have to help with presenting concerns? ______________________

____

What are you (and your family) already doing to address the current situation? ________________

____

____

Who does/can your child go to for support when needed? Check ALL that apply:

_____ Parents _____ Boyfriend/Girlfriend _____ Siblings _____ Extended Family _____ Friends

_____ Neighbors _____ School Staff _____ Church _____ Pastor _____Therapist _____ Group

_____ Community Services _____ Doctor _____ Coach _____ Other: ______________________

Name of Person Completing this Form: ___________________________ Date: _____________

Relationship to child: ____