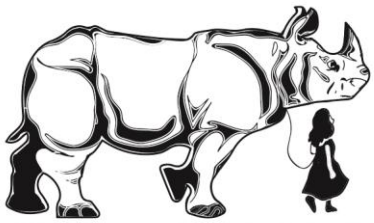

Tame Your Rhino

Counseling for Social/Emotional Resiliency

Carrie B. Evans, M.A., L.C.S.W
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INITIAL ASSESSMENT FOR CHILD OR ADOLESCENT

IDENTIFYING INFORMATION Date_____

Name of child _____

Sex _____ Home Language _____Birth date _____

Place of Birth _____ Age _____Grade _____

Address _____ _

Name of Father _____ Occupation_____

Phone _____email _____

Name of Mother _____ Occupation _____

Phone _____ _____email _____

As parent or legal guardian of _____, I authorize his/her evaluation and treatment.

I give permission for Carrie Evans, Licensed Clinical Social worker to work with my child (under age 15 years) regarding treatment issues, symptoms, behaviors or other information necessary for the treatment of my child.

Parent Signature _____ Date _____

PRESENTING CONCERNS:

Check all that apply:

__Very unhappy
__Irritable
__Temper outbursts
__ Withdrawn
__Daydreaming
__Fearful
__ Clumsy
__Overactive
__Slow
__ Short attention span
__Distractible
__Lacks initiative
__Undependable
__Peer conflict
__ Phobic

__Impulsive
__ Stubborn
__Disobedient
__Infantile
__Mean to others
__Destructive
__Trouble with the law
__Running away
__Self-mutilating
__Head banging
__Rocking
__Shy
__Strange behavior
__Strange thoughts
__Fire setting

__Stealing
__Lying
__Sexual trouble
__School performance
__Truancy
__Bed wetting
__Soiled pants
__Eating problems
__Sleeping problems
__Sickly
__Drug use
__Alcohol use
__Suicide talk

How long have these problems occurred? (number of weeks, months, years)_____

What brings you to seek counseling at this time? _____

_____

Problems perceived to be: ___ very serious ___ serious ___ not serious

What are your expectations of your child? _____

What changes would you like to see in your child? _____

_____

What changes would you like to see in yourself? _____

_____

What changes would you like to see in your family?_____

_____

CURRENT FAMILY SITUATION:

Mother/Father relationship to child
___ natural parent __ relative ___ step-parent ___ adoptive parent
Occupation _____Education _____Religion _____

Birthplace _____ Age _____

Father/Mother relationship to child

___ natural parent ___ relative ___ step-parent ___ adoptive parent
Occupation _____ Education _____
Religion _____ Birthplace _____ Age _____

Marital History of Parents:
Natural parents: ___ married
___ separated when _____
___ divorced when _____
___ deceased M or F ____
Step-parents: ___ married when _____
**If there is a custody agreement involved, are there requirements regarding the child seeing a therapist?
Explain (**or provide a copy of the agreement):**_____

If child is adopted:
Adoption source: _____

Reason and circumstances: _____

Age when child first in home: _____Date of legal adoption: _____

What has the child been told? _____

LIVING ARRANGEMENTS: Places Dates

Number of moves in child's life _____ _____ _____

_____ _____

_____ _____

_____ _____

Has your child ever lived away from the family? ___ Yes ___ No

Explain: _____

What are the major family stresses at the present time, if any? _____

_____

What are past family stressors/stressful events (since birth)_____

_____

BROTHERS and SISTERS (indicate if step-brothers or step-sister)

Name	Age	Sex	School/Occupation	Present Grade	
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Others living in the home (and their relationship):_____

HEALTH OF FAMILY MEMBERS: (excluding patient)

Does or did any member of the child's family have any problems with:

__reading __writing __math __speech

If yes, please explain:_____

At what age?_____Testing completed/When_____ Support service history_____

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Is there any history in the child's family of:

__add/adhd __epilepsy __mood disorder __other mental illness (if yes, please explain)

CHILD HEALTH INFORMATION: List any conditions that your child has had or currently has. AGE AGE

__high fevers
__pneumonia
__flu
__encephalitis
__meningitis
__convulsions
__unconsciousness
__concussions
__head injury
__fainting
__dizziness
__tonsils out
__vision problems
__hearing problems
__earaches
__dental problems
__weight problems
__allergies
__skin problems
__asthma
__headaches
__stomach problems
__accident prone
__anemia
__high/low blood pressure
__sinus problems
__heart problems
__hyperactivity
__other illnesses, etc

Has the child ever been hospitalized? __Yes __No If yes, please explain:

Age How long Reason

_____ _____ _____

Has the child ever been seen by a medical specialist? __Yes __No

Age How long Reason

Has child ever taken, or is he/she taking presently any prescribed medications? __Yes __No

Age How long Reason

_____ _____
_____

Name of Primary Care Physician and /or Psychiatrist

_____

DEVELOPMENTAL HISTORY:

Normal pregnancy? __Yes __No

If mother ill or upset during pregnancy, explain:_____

Paternal support and acceptance: (explain)_____

Did child meet developmental milestones within normal age limits? Please explain any unique aspects to development: _____

SOCIAL DEVELOPMENT:

Check all that describe the type of interactions/ relationship to siblings and peers:

__individual play __group play __competitive

__cooperative __leadership role __a follower

Describe special habits, fears, or idiosyncrasies of the child:_____

Describe history and types of friendships demonstrated by your child:_____

EDUCATIONAL HISTORY:

Did child have any specific learning difficulties? ___ Yes ___ No
Has child ever had a tutor or other special help with school work? ___ Yes ___ No
Does child attend school on a regular basis? ___ Yes ___ No
Does child appear motivated for school? ___ Yes ___ No

ACADEMIC PERFORMANCE:

Highest grade on last report? _____

Lowest grade on last report? _____

Favorite subject? _____

Least favorite subject? _____

Does child participate in extracurricular activities? ___ Yes ___ No
Explain_____

Currently, how many friends does child have: __ a lot __ a few __ none

Describe the frequency and level of engagement with current peers.

_____

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Describe your child's strengths or best qualities observed by you or noted by others_____

List your child's special interests, hobbies, skills:

_____

Describe your child's behavior when stressed_____

Explain how family members respond and/or child's patterns of self- soothing or problem solving:_____