

Name: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ M \_\_\_ F \_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ (relation to child) \_\_\_\_\_

Is there a current mental health/behavioral diagnosis? Y \_\_\_ N \_\_\_ if yes, list

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Is the child taking any medication for mental health/behavior? Y \_\_\_ N \_\_\_ If yes, list below

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Check if any of the following issues are relevant (even if you might not think it is affecting your child)

_____	Adjustment to adoption or placement of child due to CPS or some other reason bio-parent is unable to care for child (deployment, work-related).
_____	Divorce or separation: when? _____ contact with other parent? Y ___ N ___
_____	Domestic violence or serious arguing, breaking things
_____	Adjustment to a new step-parent or new boyfriend/girlfriend, new step-siblings
_____	Recent move (new neighborhood, school, daycare), loss of former friends
_____	Financial problems (job loss, loss of home)
_____	Illness or death of parent or other significant loss (grandparent, sibling, cousin, uncle/aunt), pet
_____	Any significant illness or injury (cancer, diabetes, seizures, head-injury): _____
_____	Disability: ___ physical ___ cognitive
_____	Problems at school: ___ academic/grades ___ behavior ___ social/peers
_____	Allergies: ___ medication(s) ___ food ___ animals ___ other: _____
_____	Trauma: ___ physical abuse ___ sexual ___ emotional/verbal ___ accident(s)

Check if any of the following have occurred within the past 6 months

_____	Often loses temper
_____	Often argues with adults
_____	Often defies or refuses to do what you tell him
_____	Often does things to deliberately annoy others
_____	Often blames others for his/her own mistakes or misbehavior
_____	Is often touchy or is easily annoyed by others
_____	Is often angry or resentful
_____	Often takes anger out on others or tries to get even
_____	Has been suspended or expelled from school for fighting, threats, or bullying
_____	Often bullies, threatens, or intimidates others (this would include siblings)
_____	Often starts physical fights
_____	Has used a weapon when fighting (bat, brick, bottle, etc.)
_____	Has stolen things from others using physical force
_____	Has stolen things when others were not looking
_____	Has destroyed others' property (other than by fire setting)
_____	Has broken into someone else's house, building, or car
_____	Has not come home overnight at least twice while living in parent's home, foster care, or group home?
_____	Does your child skip school? Have they been referred for Becca? Yes ___ No ___
_____	



	Persistent and excessive worry about losing a major attachment figure (parent, grandparent, etc.) or of possible harm to a major attachment figure.
	Refuses or becomes very upset to go to school due to fear of separation
	Persistent reluctance to be alone or without major attachment figures at home or in other settings
	Repeated complaints of physical symptoms (e.g., headaches, stomachaches, nausea, or vomiting) when separated from a major attachment figure
	Excessive anxiety or worry
	Child finds it difficult to control the worry
	Restlessness or feeling keyed up or on edge
	Trouble falling asleep or staying asleep or restless sleep
	Recurrent and persistent thoughts, impulses, or images that are experienced as intrusive and inappropriate and cause marked anxiety and distress and the thoughts, impulses or images are not simply worries about real-life problems
	Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the child feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
	Child realizes that the obsessions or compulsions are excessive or unreasonable?
	Do the obsessions or compulsions cause marked distress; are they time-consuming; or do they significantly interfere with the person's normal routine or social relationships with others?
	Exhibits depressed mood or irritability for most of the day, for more days than not
	Low self-esteem or self-confidence, or feelings of inadequacy
	Feelings of pessimism, hopelessness, or despair
	General loss of interest or pleasure in activities that others of his/her age enjoy
	Persistent state of fatigue or tiredness
	Decreased activity, drive, or productivity
	Difficulty concentrating, poor memory, or indecisiveness
	Complaints of feeling sad or appears to be sad or irritable.
	Significant weight loss or weight gain when not dieting
	Trouble falling asleep or staying asleep, or excessive sleeping
	Agitated or lethargic (slow moving) nearly every day
	Repeated thoughts of death (not just fear of dying), repeated suicidal thoughts without a specific plan or with a plan
	Mood was abnormally and persistently <i>elevated</i> (he/she felt abnormally happy)

	Mood was abnormally and persistently <i>irritable</i> (he/she was very touchy, easily given to outbursts of anger or temper, easily annoyed by minor events or by others, or abnormally cranky)
	Inflated self-esteem or grandiosity (thinks they are superior or better)
	Decreased need for sleep (e.g., feels rested after only three hours of sleep)
	More talkative than usual or pressure to keep talking
	Thoughts seem to be racing
	Increased goal-directed activity; unusually focused / may take on too much
	Becomes highly involved in pleasurable activities without regard for negative consequences (e.g., spending excessively, taking risks, etc.)
	Did your child have hallucinations or bizarre ideas or feel or act paranoid?
	Has your child ever been hospitalized for mental health/behavioral reasons?