

Horn and Associates in Rehabilitation, PLLC

Psychology/Social Work Questionnaire

Today's Date _____

Child's Name _____ Date of Birth _____

Describe the main behavioral/emotional/social difficulty in which you are seeking services.

Are there any medical/physical/environmental factors that you believe contribute to the behavioral/emotional/social difficulty? If yes, please describe.

Has your child been diagnosed with any condition related to the behavioral/emotional/social difficulty? If so, please list.

Has your child received a psychological evaluation and/or counseling services in the past? If so, please describe findings, response to intervention, etc.

My child... (Check appropriate boxes that describe your child)

- | | |
|---|---|
| <input type="checkbox"/> Is social and engaging | <input type="checkbox"/> Quickly escalates without apparent cause |
| <input type="checkbox"/> Makes good eye contact with adults and peers | <input type="checkbox"/> Extremely sensitive to criticism |
| <input type="checkbox"/> Is well behaved | <input type="checkbox"/> Unable to self-calm |
| <input type="checkbox"/> Pays attention | <input type="checkbox"/> Poor coping skills |
| <input type="checkbox"/> Listens well | <input type="checkbox"/> Is very busy and active |
| <input type="checkbox"/> Follows directions well | <input type="checkbox"/> Has difficulty paying attention |
| <input type="checkbox"/> Plays well with other children | <input type="checkbox"/> Has difficulty listening |
| <input type="checkbox"/> Is easy going | <input type="checkbox"/> Has difficulty following directions |
| <input type="checkbox"/> Does well with change | <input type="checkbox"/> Prefers to play alone |
| <input type="checkbox"/> Understands safety | <input type="checkbox"/> Has difficulty with transitions |
| <input type="checkbox"/> Takes turns with peers | <input type="checkbox"/> Is ritualistic with play |
| <input type="checkbox"/> Is aggressive | <input type="checkbox"/> Does not like crowds |
| <input type="checkbox"/> Is oppositional | <input type="checkbox"/> Does not like new places/people |
| <input type="checkbox"/> Has tantrums | <input type="checkbox"/> Is anxious |

Is there a history of mental illness/psychological issues in the family? If so, please list concerns and relationship to child.

What types of discipline/reinforcements are used in the home? How successful are these strategies?

Does your child have difficulty with sleep patterns? Eating patterns? If so, please describe.

Have there been any major stressors in the child's life over the past year (i.e., parents getting divorced/separated, significant illness, death of loved one, etc.)? If so, please describe.
