



Child Assessment Form

Today's Date: _____

Child's Name: _____ DOB: _____

Parent's Name(s): _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Who lives with your child? (Please state ages of brothers and sisters)

Who does the child spend a lot of time with? (Caregivers, babysitters, relatives, family friends, etc.)

Describe your child's personality:



What do you find most challenging about your child?

Who referred you and why?

Does your child have any eating problems? Please Describe.

Does your child have a problem with bed wetting? Daytime or Nighttime?

Does your child have any sleeping problems? Does your child have trouble going to sleep, experience nightmares, etc.? How many hours does your child sleep? Describe.



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Has the child experienced any trauma in the past? (broken bones, hospitalizations, developmental problems, etc.)

Does your child have a history of suicidal/homicidal ideation? Describe.

How does your child perform in school? Describe.

How does your child interact with others? (teachers, peers, etc.) Do they get along with age mates for example? Please describe.



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Behavior Concerns (Please describe in as much detail as possible):

Inappropriate Boundaries or Sexual Behaviors (Describe):

Acting-out Behaviors (Describe):

Fears (Describe):

Recreational Activities or Interests:



Any complications during pregnancy or birth:

Medical Conditions (Include any prescribed medication):

Mental Health problems in family (include any prescribed medication if a child):

Alcohol or drug use/abuse in family (family history, describe use before, during, and after child's birth):



Any deaths or losses of close family members, friends, or pets?

Physical abuse of child:

Sexual abuse/molestation of child:

Emotional abuse of child:



Domestic violence in family:

What medications does your child currently take? What medications has your child taken in the past and who prescribed them? Please list dosages if you know them.

Has your child had counseling before? How did your child respond to past therapy experiences?

Any other information you feel might be useful to know about your child, such as other stresses that might affect your child: