**CHILD /ADOLESCENT SCREENING CHECKLIST**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex: M F Birth date: \_\_\_\_/\_\_\_/\_\_\_\_**

**(Please put an X in front of problem behaviors.)**

**SCHOOL PROBLEMS**

 Poor grades Does not get along with students Poor Attendance

 Does not get along with teachers Suspended

**FAMILY RELATION PROBLEMS**

Does not get along with: Father Mother Brothers Sisters

 Refuses to participate in family activities Refuses to accept and perform family responsibilities

**PEER RELATIONSHIP PROBLEMS**

Prefers to be alone Not accepted by others Prefers to be with adults

Does not associate with age appropriate peers

**SOCIAL BEHAVIOR PROBLEMS**

 Excessive lying Hurts others Hurts self Destructive Runaway Substance Use

Court involvement Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL ADJUSTMENT PROBLELMS**

 Temper tantrums Easily upset Speech problems Sleep disturbances

 Nervous mannerisms Eating problems Fearful Lack of self-confidence

 Clinging and Dependent Wetting, soiling, retention Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL AND DEVELOPMENTAL PROBLEMS**

 Chronic Illness Allergies Physical Handicaps Accident prone Seizures

 Physical complaints Lengthy or frequent Hospitalizations Medications Surgery

 Mentally retarded Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEVELOPMENTAL MILESTONES**

 Did your child meet all developmental milestones? If no, Please explain:

**STRENGTHS AND ASSETS-**

Good grades Many or close friends Hobbies Plays sports

Church attendance High IQ Family supports

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS**-(e.g. other family concerns, etc.)