Mt. Diablo
PSYCHOLOGICAL SERVICES

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Mt. Diablo Psychological Services

TEEN/FAMILY ASSESSMENT

Client Name: _____ Date: _____

Name of person filling out form: _____ Relation to client: _____

School information:

School Name: _____
Grade: _____

School Counselor Name:

Phone Number: _____
Email address: _____

What problems does your child currently have in school? (Check all that apply)

☐ Attendance problems
☐ Individualized education plan (IEP), Started at what

Grade:_____

☐ Poor grades
☐ Held back
☐ Behavioral problems

Details:_____

☐ Social problems
Details:_____

☐ Expelled
When:_____ Why: _____

☐ Suspended
When:_____ Why: _____

Family Information:

What problems does your child currently have at home? (Check all that apply)

☐ Doesn't do chores
☐ Sneaks out
☐ Poor communication
☐ Fights with siblings
☐ Runs away
☐ Doesn't comply with limits and consequences
☐ Other:_____

What is the family structure?

Relationship	**Age**	**Occupation**	**Anything we should know about the relationship?**
Biological Mother			
Biological Father			
Stepmother			
Stepfather			
Adopted Mother			
Adopted Father			
Other:			

Who currently lives in your home?

Name	Age	Relationship	Anything we should know about the relationship?

Is your child from a divorced home?	No ☐ Yes ☐
Age at time of divorce?	
How did child respond to the divorce?	

Is your child adopted?	No ☐ Yes ☐
Age at time of adoption	
Country of origin	
Notable circumstances?	

Is there a family history of any of the following? (Check all that apply)

☐ Aggression, oppositional behavior
Describe:_____

☐ Attention, hyperactivity, impulsivity
Describe:_____

☐ Psychosis, schizophrenia
Describe:_____

☐ Mood problems, depression
Describe:_____

☐ Anxiety problems, excessive worry
Describe:_____

☐ Substance abuse
Describe:_____

☐ Legal problems
Describe:_____

☐ Suicidalilty, self-harm
Describe:_____

Are there any current family stressors that seem relevant to your child's difficulties?

Developmental History:

Complications during pregnancy? No☐ Yes☐
If Yes, please provide details:

Substance use during pregnancy No☐ Yes☐
If Yes, please provide details:

Were there problems with your child's development? (Check those that apply)
☐ Motor development (walking, coordination, balance)
☐ Speech development (stuttering, speaking)
☐ Sensory development (vision, hearing, reactions to noise)
☐ Cognitive development (unusual thoughts, odd ideas/fantasies)
☐ Academic development (learning problems, ADHD)

Details:

Has your child experienced any significant disruptions to attachment in their life, such as:
☐ Bullying/Peer aggression
☐ Chronic Illness/Death of significant person in their life
☐ Other (Describe):

If yes to any of the above, please provide details:

Between ages 0-3, what were the child care arrangements?

Has your child ever had a cognitive or psychological assessment done (e.g in the hospital or for an IEP)? ☐ No ☐ Yes
If Yes, please provide details:

List your child's strengths and interests:

How does your teen respond to discipline?

Behavior Change:
How have you tried to treat issues with your teen in the past? (Check all that apply)
☐ Therapy
☐ Therapeutic (or other) programs
☐ Discipline
☐ Incentives/rewards program
☐ School consultation/Communication with teachers
☐ Religious consultation
☐ Other/describe:_____

Are there any forms of discipline, which you have found to be especially effective or ineffective?

Is there anything else you would like us to know about your teen or your family?

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