

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?