



### Child (0-12 years old) Biopsychosocial Assessment

Child's Name:	Sex, Age, Race:
Date of Birth:	Referred by:
School:	Grade:

Please answer all questions that apply to your child

**Presenting Problem:**


### Family Background

Father's legal name:
Father's health is: ___ Good ___ Fair ___ Poor Comments:
How do father and child get along?

Father's age:	Who was father raised by?
Last grade completed in school:	Current employer:
Length of employment:	Working hours:

Mother's Legal Name:
Mother's health is: ___ Good ___ Fair ___ Poor Comments:
How do mother and child get along?

Mother's age:	Who was mother raised by?
Last grade completed in school:	Current employer:
Length of employment:	Working hours:

Natural Parents; date of marriage or, if unmarried, length of relationship:
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Age at time of marriage or relationship started if unmarried: Dad: Mom:	Date Separated (if applicable):	Date Divorced or date relationship ended if unmarried:
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Natural Parents info, continued

What was the age of the parents at time of divorce or end of relationship? Dad: _____ Mom: _____
How did child adjust to the divorce/ end of relationship?
Who retained physical custody of the child at the end of the relationship?
What is the status of legal custody?

Step-Mother / Dad's significant other's (s.o.) legal name:
Date Dad and Step- mother/ s.o.'s date of marriage or relationship began:
Step-mother/ s.o.'s health: ___ Good ___ Fair ___ Poor Comments:
How does the child get along with the s.o.?

Step-Mother/ s.o.'s age:	Who was s.o. Raised by?
Last grade completed in school:	Current employer:
Length of employment:	Working hours:

Step-Father/ Mom's significant other's (s.o.) Legal Name:
Step-Father/ Mom's s.o. Relationship or marriage began (date):
Step-father's health is: ___ Good ___ Fair ___ Poor Comments:
How does the child get along with the s.o.?

Mom's s.o.'s age:	Who was Step-Father/ s.o. Raised by?
Last grade completed in school:	Current employer:
Length of employment:	Working hours:

**Brothers and Sisters:**

Name	Sex	Age	Relationship (brother/ sister/ half/ step)	Living at Home?



How does your child get along with the above mentioned siblings?

Others living in home (other than already mentioned family members)? Please list age, name, relationship to the family.

### Developmental History

1. Were there any difficulties getting pregnant or during labor and birth? (If yes, please explain)
2. Did your baby have any trouble while in the hospital (blue spells, infections, Birth defects, etc)?
3. 0-3 months of life: Did your baby experience any difficulties outside of the norm?
4. 3 months - 12 months: Did your baby experience any difficulties outside the norm (for example: sleep, feeding, crying)?
5. Developmental milestones: Has your child gotten along well with other children?      At what age did your child walk across the room alone?      When could your child say 20 words that you could understand?      Age at which toilet training began?      Age toilet training completed?

Age 1 - 5 (toddler/ preschool years)

Place an "x" beside **all** the terms that applied to your child during this time period:

<input type="checkbox"/> Irritable <input type="checkbox"/> Discipline <input type="checkbox"/> Soiling (after age 3) <input type="checkbox"/> Had to force child to eat <input type="checkbox"/> Had many spankings <input type="checkbox"/> Worms	<input type="checkbox"/> Trouble toilet training <input type="checkbox"/> Stuttering <input type="checkbox"/> Destructive Behavior <input type="checkbox"/> Jealousy <input type="checkbox"/> Overactive <input type="checkbox"/> Head Banging	<input type="checkbox"/> Bedwetting after age 3 <input type="checkbox"/> Temper tantrums <input type="checkbox"/> Breath holding <input type="checkbox"/> Thumb sucking <input type="checkbox"/> Nail biting <input type="checkbox"/> Frequently ate unusual or harmful things
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Age 5 - 9

During this time, did you child do well in school?

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Have as many friends as they would like?

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Did your child present any behavior problems during this time?  
If yes, please explain:

Age 9-12

During this time, did you child do well in school?

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Have as many friends as they would like?

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Did your child present any behavior problems during this time?  
If yes, please explain:

### School History

What schools has your child attended from Nursery school or kindergarten to present? Please list in order and include grades at each school:

Grade(s)	School Name



Grade(s)	School Name

1. How does your child feel about school now?
2. Have there been any grades repeated?
3. Mention any problems your child has had with behavior at school. (Include absenteeism, truancy, tardiness, and suspension or expulsions)
4. Has your child received any testing or other special services from school? (EMH or LD Classes, tutoring...)
5. What kind of grades does your child receive in school? Have there been any recent changes?
6. Are any subjects harder than others (i.e. Reading, Spelling, Math..)
7. What is your child's teacher and/ or counselor's name?
8. Has your child been involved in any school related sports, clubs, performances? (Please list years involved and any recent changes)

### Medical History

1. Did your child suffer any unusual or extended health problems during childhood?
2. Your child's weight:
3. Your child's height:
4. Name of child's doctor:

5. List Hospitalizations/ Injury / Surgery	Approx. date

6. Do you have any health or medical concerns about your child? If yes, please explain.

### Mental Health and Personality

1. Briefly describe your child's personality and any changes you have noticed.



(Mental Health and Personality continued)

2. Has your child ever had psychological and/ or educational testing? If so, who did the testing?
3. If your child has had previous counseling, please complete the following:

Name of Professional/ Agency	City	Start-Ending dates (approximate)

4. Has your child ever been placed out of the home: (hospitalized, group homes, detention, etc)

Name of Facility	Date	Reason for Placement

5. Has your child experienced any significant losses during his/ her lifetime (i.e. death of friends relatives, pets, loss of physical health or functioning for a significant period of time, or divorce, etc)? If yes, please explain:
6. If yes, how do you perceive your child's adjustment to that loss?
7. Has your child ever threatened or made a suicide attempt?

### Substance Abuse

1. To your knowledge, has your child used drugs/ alcohol? If yes, please explain:
2. Are alcohol and/ or drugs present in your home?
3. Are your child's friends known to be or suspected drug or alcohol users?
4. Do you believe that your child has a drug/ alcohol problem?
5. Are there any family members known to be or suspected drug and / or alcohol users? If so, please explain:

### Social and Family Orientation

1. Does your child belong to any organizations, such as Drama Club, Scouts, Little League, etc?
2. How does your child spend the majority of their free time?
3. Does your child have any special hobbies or interests or skills?
4. How does the family spend their free time?
5. Have you noticed any significant change in your child's peer group or their activities?
6. How do you, as parents, feel about your child's peer group?
7. To your knowledge, is your child sexually active?
8. To your knowledge, has your child ever experienced sexual abuse or sexual trauma? If yes, please explain



- To your knowledge has your child ever experienced physical abuse or trauma? If yes, please explain.

### Financial Status

- Are there any financial problems for the family? If yes, please explain.
- Do extended family members support you financially or provide a financial safety net for the family (if an unexpected bill occurs, will extended family step in to buy groceries or cover the light bill for example?)

### Religious Background

- What religion does your family and/ or child identify with?
- Does your child attend church/ synagogue/ mosque, etc?
- Are there any recent changes in this part of your family's life?

### Strengths and Weaknesses

- Tell us what your child is good at doing.
- Tell us what your child needs to work on.

### Legal History

- Has your child had any legal problems or been arrested? If yes, please explain.
- Has your child ever been on probation? If yes, what was the charge, the county and state, and for how long?
- Is there a court pending date now? If yes, please describe the circumstances.
- Please mention any other information about your child's past or present legal status.

### Living Situation

(Place an "x" beside all that apply)

<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Trailer	<input type="checkbox"/> Shelter	
<input type="checkbox"/> Country	<input type="checkbox"/> City	<input type="checkbox"/> Suburb		
<input type="checkbox"/> Child shares bedroom	<input type="checkbox"/> Child shares bed with broth			
<input type="checkbox"/> 1 bedroom	<input type="checkbox"/> 2 bedroom	<input type="checkbox"/> 3 bedroom	<input type="checkbox"/> 4 bedroom	<input type="checkbox"/> 5 bedroom

What are your child's responsibilities? (Day to day chores)

### Additional Comments

What else would you like us to know in working with your child?