

Home Cell Work Email

Referred By:

Name: _____ Church/Agency: _____

Address: _____ City _____ State _____ Zip _____

Telephone: (____) _____

Health Insurance Information:

Health Insurance Provider: _____ Medicaid #: _____

Policy #: _____ Type of Coverage: _____

Primary Physician under the insurance/Medicaid: _____

Address: _____ Phone #: _____

Medical Information:

Does child have any known allergies/ sensitivities/ Health Issues?

Has child ever been hospitalized/ Baker Acts? Yes ____ No ____

Age How Long Reason

Has child ever been charged through DJJ? Yes ____ No ____

Age Reason Charged with?

Next scheduled Court Date: _____

Medication History (list current and past medications)

Date Medication Prescribing Physician Response to Medication

Relevant pre-adoption history (abuse, neglect etc.)

PRESENTING PROBLEM (briefly describe your concerns)

(State Placed Kids) Tentative Permanency Plan:

TREATMENT/ COUNSELING HISTORY (child)

Previous Counseling

When	Where	Therapist/Title	Response To
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Has the child ever attempted to commit suicide or expressed a wish to die? Yes___ No___
Age Reason

Has the child ever attempted or expressed the wish to harm others? Yes___ No___
If yes, Explain:

Has the child ever been in residential care?

Age	How Long	Reason
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Has the child ever experienced, witnessed or been exposed to any of the following?

- Sexual Abuse Physical Abuse Neglect Domestic Violence
 Car Accident other Accident Premature Birth Major Medical Procedure
 Divorce Adoption/Foster Care Change of primary caretaker

___Separation/Loss

SUBSTANCE ABUSE HISTORY

Any family history of substance/alcohol abuse (including grand-parents, relatives)?

Parent/guardian history of substance/alcohol abuse (including step-parents, co-caretakers)?

Child's history of substance/alcohol abuse and or cigarette smoking?

LEGAL HISTORY

Has the child ever had difficulty with the police? Yes___ No___

Has the child ever been on probation? Yes___ No___

Has the child ever appeared in juvenile court? Yes___ No___

Comments:

Has the family ever been involved with DCF/CPC? Yes___ No___

When_____ Reason:_____

Is there currently an open case/investigation? Yes___ No___

Has the child ever been in foster care or DCF/CPC custody? Yes___ No___

Age How Long Reason

ACADEMIC HISTORY

Name of the school the child is presently attending: _____

School Address: _____

School Phone #: _____ County: _____

Current grade placement: _____

What are the child's typical grades? _____

Does the child receive Special Education (ESE) services? __ Yes: (Which) _____ No: __

NOTE: If you answered yes, please provide a copy of the IEP (Individual Education Plan)

Does the child have behavior problems in school? Yes__ No__

Does the child skip or cut classes? __ Yes __ No How often? _____

Has the child ever failed or been held back? __ Yes __ No What grades? _____

Has the child ever been suspended or expelled to an alternative school? Yes__ No__

If yes, reason:

BEHAVIORAL CONCERNS

Does the child display any of the following behaviors?

__ Defiance/Does not follow rules __ Disrespects adults/authority figures

__ Lying __ Stealing __ Talks Back __ Uncontrollable Anger/Rage

__ Verbal Aggression __ Destruction of Property __ Physical Aggression with People

__ Physical Aggression/Cruelty toward Animals __ Fire Setting

__ Sexual Promiscuity/Sexually active (how many partners?) _____

__ Sexually inappropriate/offending behaviors (explain) _____

__ Runs away from home (how many times/how often?) _____

__ Excessive dieting (how often?) _____

___Binging/Purging (how often?) _____

___Abuse of diet pills/laxatives (frequency/amount) _____

___Self-Injurious Behaviors (frequency/severity of injury) _____

___Violates physical boundaries of others (how?) _____

___Violates emotional boundaries of others (how?) _____

___Interrupts ___Daydreams ___Lacks focus/concentration ___Often forgetful

___Cannot sit still/excessive fidgeting

___Has difficulty making or keeping friends (how so?) _____

___Worries frequently ___Appears nervous ___Appears sad ___Often moody

___Often withdraws ___Appears shy ___Sees/hears things that others don't

How does the child behave in the home?

How does the child express anger/frustration?

How does the child express sadness?

How does the parent/guardian discipline the child?

What are the child's strengths and interests?

COMMENTS

Screening Information Completed By: Print Name:_____

Signature:_____

Date:_____