



**ABOUT YOUR CHILD'S SYMPTOMS**

**Client Name:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_

Please mark all items below that apply to your child. Feel free to add others at the end under "Any other characteristics."

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Accident-prone                   | <input type="checkbox"/> Failure in school              | <input type="checkbox"/> Moody                                 | <input type="checkbox"/> Self-harming behaviors           |
| <input type="checkbox"/> Affectionate                     | <input type="checkbox"/> Fantasy life                   | <input type="checkbox"/> Mute, refuses to speak                | <input type="checkbox"/> Sexual preoccupation             |
| <input type="checkbox"/> Aggressive                       | <input type="checkbox"/> Fearful                        | <input type="checkbox"/> Nail biting                           | <input type="checkbox"/> Sexually active                  |
| <input type="checkbox"/> Argues                           | <input type="checkbox"/> Feelings are easily hurt       | <input type="checkbox"/> Name calling                          | <input type="checkbox"/> Shy                              |
| <input type="checkbox"/> Assaults                         | <input type="checkbox"/> Fidgety                        | <input type="checkbox"/> Needs for high degree of supervision  | <input type="checkbox"/> Slow-moving                      |
| <input type="checkbox"/> Bathroom language                | <input type="checkbox"/> Fighting                       | <input type="checkbox"/> Negativism                            | <input type="checkbox"/> Slow-responding                  |
| <input type="checkbox"/> Bigoted                          | <input type="checkbox"/> Finger sucking                 | <input type="checkbox"/> Nervous                               | <input type="checkbox"/> Smart-alecky                     |
| <input type="checkbox"/> Bossy to others                  | <input type="checkbox"/> Fire setting                   | <input type="checkbox"/> New school                            | <input type="checkbox"/> Smoking                          |
| <input type="checkbox"/> Breaks rules                     | <input type="checkbox"/> Friendly                       | <input type="checkbox"/> Nightmares                            | <input type="checkbox"/> Social                           |
| <input type="checkbox"/> Breaks the law                   | <input type="checkbox"/> Hair chewing                   | <input type="checkbox"/> Noisy                                 | <input type="checkbox"/> Speech difficulties              |
| <input type="checkbox"/> Bullied by others                | <input type="checkbox"/> Head banging                   | <input type="checkbox"/> Noncompliant                          | <input type="checkbox"/> Stealing                         |
| <input type="checkbox"/> Bullies others                   | <input type="checkbox"/> Hitting                        | <input type="checkbox"/> Obedient                              | <input type="checkbox"/> Stubborn                         |
| <input type="checkbox"/> Cheats                           | <input type="checkbox"/> Hostile                        | <input type="checkbox"/> Obesity                               | <input type="checkbox"/> Suicide talk or attempt          |
| <input type="checkbox"/> Clowns around                    | <input type="checkbox"/> Hyperactive                    | <input type="checkbox"/> Only younger playmates                | <input type="checkbox"/> Swearing                         |
| <input type="checkbox"/> Competition                      | <input type="checkbox"/> Hypochondriac                  | <input type="checkbox"/> Oppositional                          | <input type="checkbox"/> Talks back                       |
| <input type="checkbox"/> Complains                        | <input type="checkbox"/> Imaginary playmates            | <input type="checkbox"/> Outgoing                              | <input type="checkbox"/> Talks out                        |
| <input type="checkbox"/> Complains of feeling sick        | <input type="checkbox"/> Immature                       | <input type="checkbox"/> Out-of-seat behaviors                 | <input type="checkbox"/> Teased                           |
| <input type="checkbox"/> Compliant                        | <input type="checkbox"/> Inappropriate sexual behaviors | <input type="checkbox"/> Overactive                            | <input type="checkbox"/> Teases others                    |
| <input type="checkbox"/> Concern for others               | <input type="checkbox"/> Inattentive                    | <input type="checkbox"/> Picks on others                       | <input type="checkbox"/> Temper tantrums                  |
| <input type="checkbox"/> Conflicts at school              | <input type="checkbox"/> Independent                    | <input type="checkbox"/> Poor concentration                    | <input type="checkbox"/> Threatens                        |
| <input type="checkbox"/> Conflicts at home                | <input type="checkbox"/> Inflicts pain on others        | <input type="checkbox"/> Pouts                                 | <input type="checkbox"/> Thumb sucking                    |
| <input type="checkbox"/> Conflicts with friends           | <input type="checkbox"/> Insults others                 | <input type="checkbox"/> Prejudiced                            | <input type="checkbox"/> Tics-movements or noises         |
| <input type="checkbox"/> Conflicts with police            | <input type="checkbox"/> Interrupts                     | <input type="checkbox"/> Procrastinates                        | <input type="checkbox"/> Timid                            |
| <input type="checkbox"/> Cries easily                     | <input type="checkbox"/> Intimidated by others          | <input type="checkbox"/> Provokes others                       | <input type="checkbox"/> Truancy                          |
| <input type="checkbox"/> Cruel to animals                 | <input type="checkbox"/> Intimidates others             | <input type="checkbox"/> Rages                                 | <input type="checkbox"/> Uncooperative                    |
| <input type="checkbox"/> Dares others                     | <input type="checkbox"/> Intolerant                     | <input type="checkbox"/> Recent move                           | <input type="checkbox"/> Uncoordinated                    |
| <input type="checkbox"/> Dawdles                          | <input type="checkbox"/> Irritability                   | <input type="checkbox"/> Refuses                               | <input type="checkbox"/> Under-active                     |
| <input type="checkbox"/> Daydreams                        | <input type="checkbox"/> Isolates                       | <input type="checkbox"/> Relationships with friends            | <input type="checkbox"/> Unhappy                          |
| <input type="checkbox"/> Defiant                          | <input type="checkbox"/> Lacks organization             | <input type="checkbox"/> Relationships with siblings           | <input type="checkbox"/> Unprepared                       |
| <input type="checkbox"/> Dependent                        | <input type="checkbox"/> Lacks respect for authority    | <input type="checkbox"/> Relationships with teachers           | <input type="checkbox"/> Vandalism                        |
| <input type="checkbox"/> Destructive                      | <input type="checkbox"/> Learning disability            | <input type="checkbox"/> Resists                               | <input type="checkbox"/> Violent                          |
| <input type="checkbox"/> Developmental delays             | <input type="checkbox"/> Legal difficulties             | <input type="checkbox"/> Responsible                           | <input type="checkbox"/> Wastes time                      |
| <input type="checkbox"/> Difficulties w/ parent's partner | <input type="checkbox"/> Lethargic                      | <input type="checkbox"/> Restless                              | <input type="checkbox"/> Wetting/ Soiling of bed/ clothes |
| <input type="checkbox"/> Disobedient                      | <input type="checkbox"/> Likes to be alone              | <input type="checkbox"/> Rocking or other repetitive movements | <input type="checkbox"/> Withdraws                        |
| <input type="checkbox"/> Disrupts family activities       | <input type="checkbox"/> Loitering                      | <input type="checkbox"/> Runs away                             | <input type="checkbox"/> Work problems                    |
| <input type="checkbox"/> Distractible                     | <input type="checkbox"/> Loss of friends                | <input type="checkbox"/> Sad                                   | <input type="checkbox"/> Yells                            |
| <input type="checkbox"/> Dropping out of school           | <input type="checkbox"/> Low frustration tolerance      | <input type="checkbox"/> School avoiding                       | <input type="checkbox"/> Other concerns: _____            |
| <input type="checkbox"/> Drug or alcohol use              | <input type="checkbox"/> Lying                          |  | _____   |
| <input type="checkbox"/> Drug sales                       | <input type="checkbox"/> Manipulates                    |  | _____   |
| <input type="checkbox"/> Eating issues                    | <input type="checkbox"/> Masturbation                   |  | _____   |
|   | <input type="checkbox"/> Mental retardation             |  |   |