

## Child/Adolescent Psychosocial Assessment

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M / F Race/Ethnicity: \_\_\_\_\_  
Date of Evaluation: \_\_\_\_\_

A. Chief Complaint or Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Current Medications	Dosage Frequency	Last Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Allergies: No / Yes / Comments: \_\_\_\_\_

D. Medical History:  
a. 1.) PCP \_\_\_\_\_  
b. 2.) Psychiatrist Name: \_\_\_\_\_

E. Are you currently in any physical pain? Yes \_\_\_\_ No \_\_\_\_ If so, where? \_\_\_\_\_

F. History of Past Illness and or Somatic Hospitalizations: No / Yes / Comments: \_\_\_\_\_  
\_\_\_\_\_

G. History of Seizures: Denies / Current / Past / Comments: \_\_\_\_\_

History of Mental Health Treatment: \_\_\_\_\_  
\_\_\_\_\_

Client's Strengths: \_\_\_\_\_  
\_\_\_\_\_

**School Information** (complete and circle all that apply):

Grade: \_\_\_\_\_ Year at Current School: \_\_\_\_\_  
Any Grade Repeated: No / Yes List Grade (s) Repeated: \_\_\_\_\_  
Current Classes Struggling in: \_\_\_\_\_  
\_\_\_\_\_

Grades/GPA: \_\_\_\_\_

Favorite/Least Favorite Classes: \_\_\_\_\_  
\_\_\_\_\_

**Quality of Relationships with School Staff:** developmentally appropriate / cooperative / withdrawn / isolated / controlling behaviors / negative attention seeking behaviors / defiance / verbally aggressive / physically aggressive/ other  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**Quality of Relationships with Peers at School:** developmentally appropriate / cooperative / friendly / withdrawn / isolated / controlling / negative attention seeking / victimized / bullies / verbally aggressive / physically aggressive / other  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**Attendance (Number of days missed, truancy issues):** \_\_\_\_\_

**Identified Learning Problems:** behavioral / emotional / math / speech-language / reading / fine motor skills / gross motor skills / cognitive delays / other Comments: \_\_\_\_\_

**Special Education (IEP):** No / Yes Comments: \_\_\_\_\_

**School Behaviors:** enjoys school / follows rules / passing / separation problems / failing / inattention / withdrawn/ hyperactivity / oppositional / irregular attendance / school refusal / disruptive behaviors /truancy / aggression / other Comments: \_\_\_\_\_

**School Involvement (Clubs/Sports/Afterschool Activities/Mentoring):** \_\_\_\_\_

**History of Suspension or Expulsion:** No / Yes: Comments: \_\_\_\_\_

**Future Educational/Career Goals:** \_\_\_\_\_

**Psychosocial Risk Assessment:** Circle and use "Comments" to describe positive findings.

<b>Failure to thrive:</b>	not applicable	current	past
<b>Child abuse/sexual abuse/neglect:</b>	not applicable	current	past
<b>Exposure to domestic violence:</b>	not applicable	current	past
<b>History of out-of-home placement:</b>	not applicable	current	past
<b>At risk of out-of-home placement:</b>	not applicable	current	past
<b>Exposure to community violence:</b>	not applicable	current	past
<b>Victim of community violence:</b>	not applicable	current	past
<b>Unsafe neighborhood:</b>	not applicable	current	past
<b>Homeless:</b>	not applicable	current	past
<b>Living in poverty:</b>	not applicable	current	past
<b>Familial substance abuse:</b>	not applicable	current	past
<b>Adjustment to serious illness in client:</b>	not applicable	current	past
<b>Adjustment to serious illness in family:</b>	not applicable	current	past
<b>Developmental disabilities in caregivers:</b>	not applicable	current	past
<b>Family history of mental illness:</b>	not applicable	current	past
<b>Impulsive/acting out:</b>	not applicable	current	past
<b>Legal difficulties:</b>	not applicable	current	past

**Sexual Acting Out:** not applicable/ traumatic reenactment/unsafe current/ past

**Lack of Resources:** not applicable/ food/ utilities/ child care/ transportation/ health care/ other: \_\_\_\_\_

**History of Department of Social Services (DSS) involvement (Child Protective Services/Foster Care/Kinship Care):** No /Yes

**History of Department of Juvenile Services involvement:** No/Yes: Comments: \_\_\_\_\_

**Family Information:**

**Family Composition:** (guardianship/custody issues, out-of-home placement history, trauma history, familial mental illness, familial substance abuse, familial medical problems, separations, losses, etc.):

**Is Patient Living Independently:** No / Yes Comments: \_\_\_\_\_

**Describe Family Strengths:**

**Current Family Functioning** (Circle phrase that best describes family's functioning use note section for additional information):

**Family's ability to use rituals and routines:** sets and follows daily child care routines / inconsistently sets and follows child care routines / great difficulties following child care routines / other: \_\_\_\_\_

**Family's communication style:** communicates directly/openly / communication skills regress under stress / communications are indirect/misunderstood / communication is avoided / communication is bizarre/erratic, other: \_\_\_\_\_

**Family's capacity to seek out social support:** frequently seeks out social support / occasionally seeks out social support / socially isolated / other: \_\_\_\_\_

**Caregiver(s)' ability to perform parental roles:** adult family members are able to assume responsibility on regular bases / adult members regress under stress / adult members' lack of resources interfere with ability to assume roles / adults are unable to carry out roles due to substance abuse, violence, mental illness or other severe impairments (describe findings) / adults are neglectful or abusive (describe findings) / permanency plan is uncertain / other: \_\_\_\_\_

**Caregiver(s)' child development knowledge:** realistic expectations and knowledge of child's development / expresses need to learn more about development and parenting skills / limited knowledge/understanding of child's development / inaccurate knowledge of child's development / other: \_\_\_\_\_

**Caregiver(s)' anger management skills:** able to consistently implement anger management skills / expresses need to learn anger management skills / unable to manage anger / severe lack of anger management results in child abuse / domestic violence or assaultive behaviors / other: \_\_\_\_\_

**Spiritual/Cultural Assessment:** Are there any spiritual or cultural considerations? No / Yes

Comments: \_\_\_\_\_

**Social History:**

**Relationships with Peers Outside of School (Number and Quality of Friendships):** \_\_\_\_\_

**Activities Outside of School:** \_\_\_\_\_

**Dating/Relationship History:** \_\_\_\_\_

**Regulation:**

**Attention:** intact / limited / severely impaired / other

**Activity Level:** normal range / overactive / impulsive / agitated / oppositional / lethargic / other

**Self-Soothing Capacity:** uses developmentally appropriate coping strategies / immature coping strategies / inconsistent use of appropriate coping strategies / limited range of coping strategies / other

**Sensory Integration:** normal range / hypo-responsive / hyper-responsive / other

**Alertness:** normal range / hyper alert / hypo alert / confused / stuporous / other

**Transitions:** normal response / anxious / disorganized / uncooperative / other

**Affect:** normal range / constricted / blunted / flat / labile / inappropriate / other

**Mood:** neutral / happy / sad / fearful / anxious / hostile, / angry / silly / euphoric / dysphoric / irritable / crying / other

**Frustration Tolerance and Anger Management Skills:** developmentally appropriate / emerging ability/ frequent temper tantrums / severe lack of anger management results in aggression or assaultive behaviors Comments: \_\_\_\_\_

**Cognition/Thought Processes:**

**Hallucinations:** no current hallucinations / auditory / visual / tactile / olfactory / reacting to internal stimuli

**Delusions:** no current delusions / persecutory / grandiose / somatic / over-valued ideas

**Thought Processes:** goal directed / concrete / logical / obsessive / unusual fears/ flight of ideas / blocking / paucity of ideas / illogical / not applicable due to age / other

**Associations:** intact / loose / circumstantial / tangential / not applicable due to age / other

**Fund of Knowledge:** age appropriate / limited / impaired / not applicable due to age / other

**Memory-Short Term:** intact / impaired / not applicable due to age / other

**Memory-Long Term:** intact / impaired / not applicable due to age / other

**Insight:** good / fair / inconsistent / poor / not applicable due to age / other

**Judgment:** good / fair / inconsistent / poor / not applicable due to age / other

**Intelligence:** average / above average / borderline / below average / other

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Communication:**

**Speech:** clear / typically slow rate / atypically fast rate / loud / soft / poor articulation / slurred / dis-fluent / monotone / paucity / unintelligible / non-responsive / other

**Receptive Language:** follows directions easily / difficulty comprehending / non-responsive / other

**Expressive Language:** age appropriate use of speech / immature use of language / primarily uses gestures / other

Comments: \_\_\_\_\_

**Play/Fantasy:** not applicable/ age appropriate / exploratory / nurturing / theme oriented / interactive / imitative / imaginative / solitary / conflicted / aggressive / immature / regressed / trauma re-enactment /disorganized / other

Comments: \_\_\_\_\_

**Unusual Behaviors:** not applicable / compulsions / sexual acting out / traumatic reenactments/ head banging / spinning, twirling / hand flapping / finger flicking / rocking, toe walking / staring at lights / spinning objects / repetitive / preservative / bizarre verbalizations / hair pulling / ruminating / holding breath / other

Comments: \_\_\_\_\_

**Sleep Patterns:** normal range / disrupted nighttime sleep / sleeps in the day (not including age appropriate napping) / difficulty falling asleep / difficult to arouse after sleep / frequent night terrors / frequent nightmares / other

Comments: \_\_\_\_\_

**Eating Patterns:** normal range / very selective / very limited range of foods / not eating enough resulting in weight loss / overeating / bingeing / purging / refusing to eat / other

Comments: \_\_\_\_\_

**Interpersonal Behaviors:**

**With Caregivers:** developmentally appropriate / cooperative / clingy / anxious / controlling / negative attention seeking / fearful / defiant / restricted affection / indiscriminately affectionate / withdrawn /verbally aggressive / physically aggressive / other

**Self-Perceptions:** positive self-esteem / lacks confidence in certain situations / low self-esteem / other

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Diagnostic Formulation / Recommendations: (for Counselor Only)**

**Diagnostic Formulation:**

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**Diagnosis:**

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

Refer out: No / Yes / Comments: \_\_\_\_\_

**School Mental Health Treatment Services:** (circle all that apply)

Individual / Family / Group / Medication Management

Comments: \_\_\_\_\_

Parent/Patient Education: No / Yes / Comments: \_\_\_\_\_

**Case Management Interventions Needed:** case conference / crisis intervention / follow up/phone contact / information and referral (in person) / information and referral (by phone) / legal support / advocacy / school intervention / obtaining records / offering supplies / other

Comments: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date