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| CTC_americas.tif **CONNECTIONS THERAPY CENTER**  5334 Williams Drive, Roscoe, IL 61073    Dr. Cindy Stear, PsyD and associates  866-813-6462 drcindystear@gmail.com  **ADOLESCENT ASSESSMENT – Parent**  1. Have you noticed changes in the past few months regarding your adolescent's motivation, school grades, mood swings, or overall behavior? (e.g. withdrawn, angry, sad) | | |
|  | Yes | No |
| 2. Does your adolescent have any special learning needs? (e.g. ADHD, ADD, Learning Disabilities) | | |
|  | Yes | No |
| 3. Does your adolescent have problems which might be a result of a traumatic event in his/her life? | | |
|  | Yes | No |
| 4. Do you suspect your adolescent of using alcohol or drugs? | | |
|  | Yes | No |
| 5. Is your adolescent resistant to or refusing to follow family rules or your parenting? | | |
|  | Yes | No |
| 6. Does your adolescent seem depressed or withdrawn? | | |
|  | Yes | No |
| 7. Is your adolescent showing problems controlling his/her anger, or has he/she been destructive to property? | | |
|  | Yes | No |
| 8. Is your adolescent struggling in school with lack of motivation, truancy, fighting, or other poor behavior? | | |
|  | Yes | No |
| 9. Have you reason to suspect that your adolescent has been stealing from you or others? | | |
|  | Yes | No |
| 10. Does your adolescent attempt to avoid consequences by manipulating people or situations, while blaming others for his/her difficulties? | | |
|  | Yes | No |
| 11. Has your adolescent left your home without your permission, or stayed away longer than a couple of hours without your knowing where he/she was? Or has your adolescent told you he/she was going one place, and you found out later he/she was somewhere that you would not have approved of? | | |
|  | Yes | No |
| 12. Have you ever been concerned that your adolescent might be thinking about committing suicide? | | |
|  | Yes | No |
| 13. Has your adolescent exhibited symptoms of an eating disorder? | | |
|  | Yes | No |
| 14. Has your adolescent's behavior ever resulted in any involvement with the police or the courts?  Yes No  15. Has your adolescent ever been bullied?  Yes No  16. Has your adolescent suffered a recent breakup with a partner?  Yes No  17. Does your adolescent experience anxiety? | | |
|  | Yes | No |

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