|  |
| --- |
|  |
| 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 (e.g. withdrawn, angry, sad)  |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 Does your adolescent seem depressed or withdrawn?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 No15. Has your adolescent ever been bullied? Yes No16. Has your adolescent suffered a recent breakup with a partner? Yes No17. Does your adolescent experience anxiety? |
|  | Yes  | No  |

Bottom of Form