



# Child/Adolescent Assessment

(to be completed by client aged 12-16)

Welcome to Inspire Behavioral Health, and thank you for taking the time to complete this intake questionnaire. To best serve you, it is helpful for me to have some background information about you. Your cooperation in completing this questionnaire will help me to do a better job and will make our time together more productive. During our first appointment, I will meet with you and your parent(s)/guardian(s) for about one hour to learn about your life and your therapy goals. Together, we will decide the best treatment plan for you.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male  Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Preferred Pronouns:  She/Her  He/Him  Other: \_\_\_\_\_

May I leave a message?  Yes  No

May I text you?  Yes  No

Email: \_\_\_\_\_ (please note: Email correspondence is not considered a confidential means of communication)

Preferred method of communication:  Phone  Text  Email

None of these. I prefer you communicate with my parent/guardian.

Names of Parent(s)/Guardian(s): \_\_\_\_\_

**Please describe your reason(s) for coming to therapy today.** You can write about what challenges you are having and what you hope to accomplish in our work together. It's OK if your reason for coming is not the same as your parent/guardian. Maybe your reason for coming is just because your family said you had to. That's OK too.

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Maybe a checklist is easier:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> School/work problems | <input type="checkbox"/> Friendships         | <input type="checkbox"/> Family                      | <input type="checkbox"/> Temper           |
| <input type="checkbox"/> Bullying or teasing  | <input type="checkbox"/> Feeling down or sad | <input type="checkbox"/> Feeling worried or stressed | <input type="checkbox"/> Alcohol or drugs |
| <input type="checkbox"/> Sleeping problems    | <input type="checkbox"/> Eating problems     | <input type="checkbox"/> Body image                  | <input type="checkbox"/> Gender identity  |

Sexual identity

Other: \_\_\_\_\_

**FAMILY INFORMATION**

Please tell me about who lives in your home:

| Name: | Relationship to you: | Age: | Comments: |
|-------|----------------------|------|-----------|
|       |                      |      |           |
|       |                      |      |           |
|       |                      |      |           |
|       |                      |      |           |
|       |                      |      |           |

Write 5 words to describe your family:

\_\_\_\_\_

\_\_\_\_\_

**STRENGTHS AND SPIRITUALITY**

Please tell me the things you are good at/proud of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What gives you strength during challenging times?

\_\_\_\_\_

\_\_\_\_\_

Do you or your family have a religious affiliation, spiritual belief system or way of life that would be helpful for me to know about?

\_\_\_\_\_

\_\_\_\_\_

What are your hobbies, extracurricular activities or interests?

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL FUNCTIONING**

Please describe how you interact with peers and other kids your age (include siblings):

\_\_\_\_\_

\_\_\_\_\_

What do you like to do with friends?:

\_\_\_\_\_

\_\_\_\_\_

Are you having any trouble making or keeping friends?  Yes  No If yes, please explain:

|  |
|--|
|  |
|  |
|  |

Below are examples of problems that people sometimes have. Please circle whether each is NEVER true, SOMETIMES true, or OFTEN true for you.

| 1)   | NEVER | SOME-TIMES | OFTEN |
|--|-------|------------|-------|
| easily distracted                                    | 0     | 1          | 2     |
| do not finish things you start                       | 0     | 1          | 2     |
| have difficulty following instructions or directions | 0     | 1          | 2     |
| impulsive, act without thinking first                | 0     | 1          | 2     |
| jump from one activity to another                    | 0     | 1          | 2     |
| fidget   | 0     | 1          | 2     |

Total:

| 2)                             | NEVER | SOME-TIMES | OFTEN |
|--------------------------------|-------|------------|-------|
| cranky                         | 0     | 1          | 2     |
| defiant, talk back to adults   | 0     | 1          | 2     |
| blame others for your mistakes | 0     | 1          | 2     |
| easily annoyed by others       | 0     | 1          | 2     |
| argue a lot with adults        | 0     | 1          | 2     |
| angry and resentful            | 0     | 1          | 2     |

Total:

| 3)  | NEVER | SOME-TIMES | OFTEN |
|---|-------|------------|-------|
| steals things at home                             | 0     | 1          | 2     |
| destroy things that are not yours                 | 0     | 1          | 2     |
| damage school or other property                   | 0     | 1          | 2     |
| broken into someone else's car, house or property | 0     | 1          | 2     |
| physically attack people                          | 0     | 1          | 2     |

| 4)   | NEVER | SOME-TIMES | OFTEN |
|--|-------|------------|-------|
| worry something bad will happen to a loved one | 0     | 1          | 2     |
| worry about being away from loved ones         | 0     | 1          | 2     |
| scared to go to sleep alone                    | 0     | 1          | 2     |
| overly upset when leaving a loved one          | 0     | 1          | 2     |
| overly upset while away from loved ones        | 0     | 1          | 2     |
| feel sick before leaving a loved one           | 0     | 1          | 2     |

Total:

| 5)                              | NEVER | SOME-TIMES | OFTEN |
|---------------------------------|-------|------------|-------|
| worry about doing better        | 0     | 1          | 2     |
| worry about past behavior       | 0     | 1          | 2     |
| worry about doing it wrong      | 0     | 1          | 2     |
| worry about things the future   | 0     | 1          | 2     |
| afraid of making mistakes       | 0     | 1          | 2     |
| overly anxious to please people | 0     | 1          | 2     |

Total:

| 6)                                      | NEVER | SOME-TIMES | OFTEN |
|---|-------|------------|-------|
| no interest in your usual activities    | 0     | 1          | 2     |
| no pleasure from usual activities       | 0     | 1          | 2     |
| trouble enjoying yourself               | 0     | 1          | 2     |
| not as happy as other children or peers | 0     | 1          | 2     |
| feel hopeless                           | 0     | 1          | 2     |

|                           |   |   |   |
|---------------------------|---|---|---|
| use weapons when fighting | 0 | 1 | 2 |
| Total:                    |   |   |   |

|                           |   |   |   |
|---------------------------|---|---|---|
| unhappy, sad or depressed | 0 | 1 | 2 |
| Total:                    |   |   |   |

Have you ever experienced any of the following:

Physical Abuse   
 Emotional Abuse   
 Verbal Abuse   
 Sexual Abuse   
 Neglect   
 Witnessed Abuse

**HEALTH**

Have you been to therapy before?  Yes     No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are you experiencing any current medical problems?  Yes     No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you take medication on a regular basis?  Yes     No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL AND OCCUPATIONAL FUNCTIONING**

Do you attend school?  Yes     No    If yes, what grade are you in:

\_\_\_\_\_

Do you have any challenges at school right now (suspension, skipping, trouble with teachers, etc):

\_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with a learning disability/problem?  Yes     No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do (did) you have an Individual Education Plan (IEP) or 504 Plan?  Yes     No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you have a job or earn an allowance?  Yes     No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

If you could be anything you want when you grow up, what would it be?

\_\_\_\_\_

\_\_\_\_\_

Is there anything else that you would like me to know about you?

\_\_\_\_\_

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