

Child and Adolescent Addendum
(to complete with parent/guardian)

***If any items are unknown, please mark with N/A.

1. Any problems or concerns during pregnancy? (infections, trauma, exposure to alcohol, tobacco, or other drugs, etc.): _____

2. Any complications during birth? (trauma, oxygen derivation, birth defects, premature, postmature, birth weight, etc.): _____

3. Developmental Milestones: within normal limits delayed early

4. Any problems with fine motor skill no yes: _____

5. Any problems with gross motor skills? no yes: _____

6. Any problems with speech/language? no yes: _____

7. Is the child adopted? no yes (at what age?): _____

8. Describe early relationship of each significant caretaker with child (bonding & attachment):
Mother: _____
Father: _____
Other (): _____

9. Have client or siblings ever been removed from the home? no yes: type of placement, age, length of time: _____

10. Has client ever run away from home or been gone more than 12 hours without permission? no yes

11. Are child's parents separated or divorced? no yes: Date of split: _____

12. Is either parent incarcerated? no yes: _____

13. If child has been separated from siblings, where are siblings living? _____

14. Have there ever been foster children/step-siblings/other children in the home for extended periods of time? no yes

15. Who does the child depend on for support with hard times? _____

16. Relationship status (significant other?) and sexual orientation: _____

17. Is peer group: older younger same age mixed

18. Do parents know peer group? no yes Approve of peer group? no yes

19. What school does child attend? _____

20. Who is the guidance counselor? _____

21. Main teacher or important teachers: _____

22. What is the highest grade level achieved and date? _____

23. Has child repeated a grade? no yes: Grade _____

24. Has child's academic achievement level changed greatly? no yes: Starting when? _____

Any other school concerns & date concerns began?: _____

25. Has child ever been suspended? no yes: # of times: _____ primary reason: _____

Your goals for your child in therapy:

- 46. What is the primary method of discipline for your child? _____
- 45. How would you describe your child's temperament? _____
- 44. Does your child prefer: a lot of friends a few close friends
- 43. How well does your child play with others? very well sometimes well not well
- 42. Does your child prefer to play: outside inside both

- 41. What are your child's favorite things to play with?
 supervised unsupervised
- 40. Does your child surf the internet? no yes: # of hours per day: _____
- 39. Does your child play video games? no yes: # of hours per day: _____
- 38. Does your child watch TV? no yes: # of hours per day: _____

37. What are child's strengths?

- 36. Is child engaged in extracurricular activities?
 yes: age: _____
- 35. Has child ever engaged in sexual activity? unknown no suspected
 yes: age: _____ substance(s): _____
- 34. Has child ever tried drugs or alcohol? unknown no suspected

- 33. History of significant losses and age at time of event (frequent moves, loss of family or close friends, deaths, loss of pet, etc.): _____
- 32. Any dating violence/rape? unknown no suspected
 yes: dates: _____ age: _____ relationship to abuser: _____
- 31. Any physical abuse? unknown no suspected
 yes: dates: _____ age: _____ relationship to abuser: _____
- 30. Any sexual abuse? unknown no suspected
Severity: regular resource self-contained
- 29. Has child ever been identified as requiring special education services?
 no yes behavioral other health impairment
 learning disabled: reading math language other: _____
- 28. Is truancy an issue? no yes: # of unexcused absences this/last semester: _____
primary reason: _____
- 27. Has child ever been expelled? no yes: # of times: _____
primary reason: _____
- 26. Has child ever been suspended from bus? no yes: # of times: _____