

Family History

Physical Abuse: _____

Sexual Abuse: _____

Neglect: _____

Drug or Alcohol Dependency: _____

Suicidal Tendencies: _____

Disability: _____

Teen Pregnancy: _____

Mental Health Issues: _____

Violence in the home: _____

Constant Relocation: _____

Familial Difficulty with the Law: _____

Low Economic Status: _____

Behavior

Child acts out at home or in school: Yes___ No___ Child has run away? Yes___ No___

Child has counseling needs: _____

Displays the following Behavior Patterns:

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Overly dependent on peers/parent figures | <input type="checkbox"/> Quiet | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Experimentation with drugs/alcohol | <input type="checkbox"/> Depressed | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Delinquent behavior | <input type="checkbox"/> Acting out | |

Comments: _____

What school related activities does the child Participate in?

Legal

Probation: Yes___ No___ Prob. Officer_____ Phone: _____

Diversion: Yes___ No___ Div. Counselor: _____ Phone: _____

Please list all contacts with police and juvenile system: _____

Other Agencies working with Child/Family

Agency	Dates of Service	Contact Person	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Additional comments: _____
