

NARRATIVE DESCRIPTION OF CHILD – PARENT

Child's Name: _____ From Completed by:

Date Completed: _____

Instructions: In the space below, please describe what you see as your child's primary problems, both at home and at school. Also, please describe how your child's problems have affected the following areas and complete the rating at the end of each: (1) his or her relationships with playmates and brothers or sisters, (2) his or her relationship with you (and your spouse if present), (3) his or her academic progress at school (4) his or her self-esteem and (5) your family in general. For the ratings, please mark and "X" on the lines at the points that you believe reflect the impact of the child's problems on this area and whether he or she needs treatment or special services for the problems.

(1) How your child's problems affect his or her relationship with playmates

No problems (_____) Extreme Problems

Defiantly does not need treatment or special services _____ Defiantly needs treatment or special services

Regardless of whether this child is popular or unpopular with peers, does he or she have a special, close "best friend: that he or she has kept for more than a few months? (PLEASE CIRCLE)

YES

NO

(2) How do your child's problems affect his or her relationships with brothers or sisters?

(If the child has no brothers or sisters; check here and skip to #2. _____)

No Problems (_____) Extreme Problems

Defiantly does not need treatment or special services _____ Defiantly needs treatment or special services

(3) How your child's problems affect his or her relationship with you (and your spouse if present.)

No Problems (_____) Extreme Problems
Defiantly does not need treatment or special services _____ Defiantly needs treatment or special services

(4) How your child's problems affect his or her academic progress at school.

No Problems (_____) Extreme Problems
Defiantly does not need treatment or special services _____ Defiantly needs treatment or special services

(5) How your child's problems affect his or her self-esteem

No Problems (_____) Extreme Problems
Defiantly does not need treatment or special services _____ Defiantly needs treatment or special services

(6) How your child's problems affect your family in general

No Problems (_____) Extreme Problems
Defiantly does not need treatment or special services _____ Defiantly needs treatment or special services

Please mark and "X" on the following line at the point that you believe reflects the OVERALL severity of this child's problem in functioning and OVERALL need for treatment.

No Problems (_____) Extreme Problems
Defiantly does not need treatment or special services _____ Defiantly needs treatment or special services