

Family Health Screening Self-Evaluation:

This form is provided for you to focus the areas of concern that are of importance to you and/or your family. I invite you to read it thoroughly, check off items that appear to fit with your concerns, and bring it with you when you come for the initial session.

Are you concerned about your child's behavior at home, at school, both?

Do you feel your child has difficulty with: focus, concentration, and attention?

Does your child seem: sad, withdrawn, mad & angry, emotionally confused?

Is your child being bullied at school or has your child been accused of being a bully?

Do you feel conflict with your child that seems extreme?

Is your child underperforming academically?

Do you have questions about the level of academic challenge your child requires?

Does your child have difficulty making friends at school and in their neighborhood?

Are you adopting a child or have adopted a child?

Are you concerned about a child/adolescent's sexual activity, including their accessing Internet pornography?

Are you concerned about your child/adolescent's alcohol or substance use?

Are you concerned about your child/adolescent's use of video games?

Are you concerned about sibling relationships that are overly contentious?

Are you concerned about Parenting Skills and how to work with your partner in raising your child?

Are you concerned about the impact of separation and/or divorce on the family system, children, or any particular child?

Are you concerned about having appropriate family time?

Are you concerned about your child's developing appropriate self-esteem?

Are you concerned about your adolescent and family's work/play balance?

Are you concerned about child's misperceiving social cues?