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Intake Assessment - Child

Welcome to the Family Resilience Group! We want this to be your most effective but also comfortable experience in counseling. In order to best help your child, please complete the questions below. We ask that you please let your clinician or our director know if you need any special accommodations or are unhappy with your results at any time.

Name:

Date:

Age:

Grade/Name of School:

How did you hear about the Family Resilience Group (if referral, please provide name):

What would you like your child to work on/accomplish in session:

List the top difficulties in the child's family life right now:

What are the BEST things in the child's family life right now:

What are the top 5 most traumatic episodes that have happened to your child/teen. Please use the back if necessary:

Describe briefly your child's life from 0-3 years of age (include birth, health, emotional growth):

Describe briefly your child's life from 4--10 years of age (include health, school, peers, family):

Describe briefly your teen's life from 10-18 years of age (include health, school, peers, family):

Has your child/teen had any of the following? List dates and briefly describe:

Psychiatric Hospitalizations:

Suicidal Intention/ Self-Harming:

Abuse (physical/ sexual/ verbal):

Arrests:

Drug or Alcohol misuse:

Legal Problems:

Bulimia/ Eating Disorders:

Severe Accidents:

Has anyone in your family ever been in counseling before: When and briefly describe.

What else do you think your clinician should know about you, your family, your child/teen: