

Assessment Form

Assessor _____ Date _____

Child's name _____ Sex _____ DoB _____

Family composition _____ Position in family _____

School _____ Tutor group/class _____

Parents'/Young person's perception of the difficulty and expectations of the child/young person:

Parents'/Young person's perception of normal behaviour:

Parents'/Young person's previous and current management of difficulty, e.g., praise, punishment, coercion:

Child's/Young person's medical/social/emotional history

1. Pregnancy, birth history, birthweight, early childhood. What were the pregnancy and birth like?
How did the mother and baby bond?

2. Health issues: any current medication?

3. Developmental status, e.g., language skills, hearing, comprehension, concentration span?
4. Recent life changes, e.g., new baby, family bereavement, change of carer?
5. What are the family routines, e.g., day care, meals, sleep? Does the family have routines?
6. What are the main features of concern?
7. Are there any patterns to the child's/young person's difficulty? What triggers the difficulty?
8. What do they think started the difficulty?
9. Are the child's/young person's carers working consistently with the child/young person and do all carers agree about the problem?

