Suzanne M Donohue, LCSW/Therapist
36 Midvale Road Suite 1 F Mountain Lakes, NJ 07046
Cell: 973-769-8159
Licence #44SC05712500
suzannedonohuelcsw@gmail.com

WELCOME PACKET

Intake Documents

- Welcome Letter/Office Policies & Client/Therapist Rights
- Frequently Asked Questions
- Notice & Consent of Treatment Form
- Consent to Treat a Minor Form
- Statement/Agreement Regarding Confidentiality
- Cancellation Policy Form
- Release/Request for Information
- Release Form
- New Client Information Intake Form

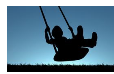
Please print these forms below and complete them prior to your intake appointment.

*****

I hereby acknowledge that I have received the "Welcome Packet" which includes the above-checked forms.

Client Signature___________________________________**Date:**_________________

****see next page

Suzanne M Donohue, LCSW/Therapist
Mountain Lakes, NJ /Cell: 973-769-8159

WELCOME LETTER/ Office Policies and Client/Therapist Rights

Welcome! Thank you for choosing me as your Therapist. I understand that the decision to seek therapy is a very important one, and I'm honored that you have decided to work with me. If you have never been in therapy before, it can feel a bit overwhelming and you may not know what to expect. If you have been in therapy before, this experience may be different than your previous experience. I'd like to take this opportunity to acquaint you with information relevant to treatment, confidentiality, and office policies.

A Brief Summary of Our Therapeutic Approaches: My psychotherapy style emphasizes your **strengths and resources** to help meet the challenges you are facing. In times of distress, most of us lose sight of our abilities and focus on what's wrong. Although this is a natural tendency, it can create feelings of hopelessness and negativity. When we are reminded of our strengths, we tend to brainstorm solutions better and begin to feel more hopeful about our situation. We will be combining education and therapy with your strengths and resources to help you overcome the challenges you are facing (whether individually or within your family unit). Utilizing an integration of psychodynamic, cognitive, and evidence-based approaches, I aim to not only develop an understanding and acceptance of current problems, but also strive to assist clients in overcoming their struggles and difficulties and develop alternative ways of coping, believing and behaving. Overall, you will make the most gains by playing an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. You may be asked to complete "homework" assignments; progress in therapy greatly depends on what you do between sessions.

Financial Terms/ Insurance: Payment for fees and copays are due every session. If payment is not received, SD reserves the right to immediately suspend services. I will provide several referrals of alternative organizations for you to continue treatment. There will be a $30 charge for any returned checks.

Confidentiality: *--see separate form*
Issues discussed in therapy are confidential, however, there are limits to confidentiality. These limitations are:
1. Suspected abuse or neglect of a child, elderly person, or a disabled person
2. When your therapist believes you are in danger of harming yourself or another person, or you are unable to care for yourself or another person.

****see next page

3. If you report that you intend to physically injure someone, the law requires your therapist to inform that person as well as legal authorities
4. If your therapist is ordered by a court to release information
5. When your insurance company is involved (e.g., filing a claim, insurance audits, case review, etc.)
6. You may be asked to sign a Release of Information so your therapist may speak with family members or other professionals involved in your care.

Email Policy: Although the email addresses of your therapist is publicly available and is listed on my business cards, you are urged not to send email messages that contain clinical information since your privacy could be compromised. Your therapist does not guarantee your privacy for email communication and does not guarantee that your email will be read or responded to in a timely manner. If you need to speak to your therapist before your next scheduled appointment, you should contact her by telephone. If you do choose to send an email communication, you agree to assume full responsibility for the risks, and will not hold your therapist liable for any possible breach in confidentiality or failure to respond in a timely manner.

Record Keeping: Consent for Treatment: You authorize that your therapist may carry out or order psychological examinations, treatment, and/or diagnostic procedures that now or during the course of your care are advisable. You understand that the purpose of these procedures will be explained to you upon request and subject to your agreement. You also understand that while the course of therapy is designed to be helpful, it may, at times, be difficult and at times uncomfortable.

Termination and Referral: When entering into a therapeutic relationship, both the client and the therapist have the right to terminate treatment at any time throughout the therapeutic process. As best practice, upon termination, therapist will provide culturally and clinically appropriate referrals, to which the client can freely accept or decline. In accordance to the ACA Code of Ethics, appropriate reasons for termination include the following:
1. When it becomes reasonably apparent that the client no longer needs assistance
2. When the client is not likely to benefit from continued treatment
3. If the client is being harmed by continued counseling
4. If the counselor is in jeopardy of harm by the client, or another person with whom the client has a relationship
5. When the client does not pay fees as agreed upon.

****see next page

Acknowledgment of Receipt

I hereby acknowledge that I have received, read, and understood this Notice of **Office Policies and Client/Therapist Rights** effective 1/1/2017, and that any questions I have had about it have been answered.

Printed Name____

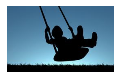
Signature____

Date:____________________

I look forward to working with you.

Suzanne Donohue

****see next page


Suzanne M Donohue, LCSW/Therapist
Mountain Lakes, NJ /Cell: 973-769-8159

SOME FREQUENTLY ASKED QUESTIONS

What if I need to cancel an appointment?
I require 24 hours notice if you need to cancel a session. This allows me to reschedule the time with another client. If you do not cancel a session with at least 24 hours notice, you will be charged the full fee for that session.

What if I need to get in touch with you?
I make every effort to return phone calls within 24 hours. However, I do not provide crisis or emergency services. If you need immediate assistance in the event of a mental health crisis, please call 911 or a Crisis Line or go to your nearest ER.if you live in Northern NJ, please call the Atlantic Health System's 24-hour Crisis Hotline at:(973) 540-0100

Morris County Psychiatric Crisis Intervention

- Chilton Memorial Hospital Psych ES -973-831-5078
- Morristown Memorial Hospital Psych ES -973-540-0100
- Saint Clare's Hospital Psych ES -973-625-0280
- National Suicide Prevention -1-800-273-TALK
- Mobile Response for Children -1-877- 652-7624

What if I'm divorced/separated and want therapy for my kids?
Both parents should be aware that a child is in therapy. If you are bringing your child(ren) for therapy, please be sure that you inform the other parent that this is occurring. If appropriate, I recommend both parents be present for at least one session, as this can provide me with valuable information about your child(ren).

What if you meet alone with my kids?
If you are coming into therapy with your child(ren), we may at some point decide to have individual sessions without a parent present. Before any individual sessions take place, we will decide what information, if any, will be reported back to you. It is important to balance your need as a parent to be informed of your child's life with the need of your child(ren) to have a trusted place to talk.

Is what we talk about in therapy confidential? As your therapist, I recognize that you are entrusting me with private information about your life and the lives of your family members. Because of this, I take my obligation of confidentiality extremely seriously. This means that I will not release any information about you without your written consent, unless I am required by law to do so. According to NJ law, I am required to break confidentiality if you are in danger of hurting yourself or another person, or if I am made aware of ongoing child abuse or elder abuse. I will always do my best to inform you in advance if I am in a position of breaking confidentiality.

Do you accept insurance?
Most insurance plans offer an "out of network outpatient mental health benefit", which will reimburse for you a portion of therapy fees. Contact your insurance company for more information about this; I can provide you with the receipts they need for reimbursement.

****see next page

Consent to Treatment of a Minor

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

Is treatment mandated by a court of law (i.e., DCF, CPS, Probation, IDRC, ADV, etc)? Yes or No
If yes, please provide us with a copy of this court decree (or any documentation) at your next appointment.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.) **Failure to provide accurate and current information regarding the status of any mandate to treatment and/or any legal requirement where counseling is necessary may lead to termination of services.* For treatment services to be provided to a minor, it is necessary for SD to obtain the signature of the custodial parent/guardian in all of our documents. I also agree that if my child is being seen in therapy, that if both parents are not attending sessions, I agree to inform the other legal parent that the child is being seen for therapy.

I understand that my fee, payable by cash or check is due after each session. I understand that if payment for the services I receive here is not made, the therapist may stop treatment. My signature below shows that I understand and agree with all of these statements and am the custodial parent/guardian for this minor.

Emergencies: I understand that my therapist is not available 24 hours a day. If an emergency/crisis arises, I should call 91, the local crisis line and/or go to my nearest emergency room.

Printed Name of Client ______________________ **DOB** ___________________

Printed Name of Parent/Guardian ____

Signature of Parent/Guardian____________**Relationship to Client**________________**Date**________

****

I have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

____ _______________________ (Form 3)**Signature of Therapist**

****see next page

CANCELLATION POLICY

When you schedule an appointment with me, I put a “hold” on that time for you. This time slot is yours unless you cancel at least 24 hours prior to your appointment time. Unless there is an emergency, the charge for a scheduled appointment that is not cancelled at least 24 hours in advance is the full amount.

“Emergencies” are considered events beyond your control such as snowstorms, car accidents, funerals, hospitalizations, and/or illnesses of the degree which keep you out of work.

This policy applies to an appointment which conflicts with another one you have made. It also applies if you choose to do something that is important to you rather than coming to your counseling appointment on that day.

Charges for late cancellations or missed appointments are not billable to your insurance company. Therefore, you will need to pay for them in full before or at the time of your next session.

If you cancel 2 consecutive appointments, before scheduling a third appointment, we will need to discuss your treatment goals and whether you are able to commit yourself to counseling/therapy at this time.

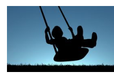
If at some point you decide not to continue in counseling with me, please call my cell number and leave a message, especially if you have an appointment scheduled. This allows me to release that time on my calendar.

If you have any questions about this policy, please let me know as soon as possible.

Signature of Client:____

Date: ____________________

****see next page


Suzanne M Donohue, LCSW/Therapist
Mountain Lakes, NJ /Cell: 973-769-8159

Notice & Consent of Treatment Form

Please read and sign this agreement. If you do not understand any part of this agreement, please ask any questions prior to the start of therapy.

I_______________________________understand my rights and responsibilities (as outlined and reflected in the "Welcome Packet" which has been provided to me) and hereby grant consent for Suzanne M Donohue, LCSW, Therapist, to provide psychotherapy services to myself (and if appropriate) my minor child(ren). This therapy may include individual, couple or family sessions, as necessary to meet our therapeutic treatment goals.

***Confidentiality Agreement:** **see also Confidentiality Agreement Form*
I understand that anything said in therapy is confidential, except for the following limitations:

- *Child Abuse and/or neglect;*
- *Vulnerable adult abuse and/or neglect;*
- *Threats to harm oneself or to another person;*
- *My specific request, in writing, or your request, in writing, to disclose information to a third party;*
- *Court Order;*

Payment Agreement:
I understand that:

- My fee, payable by cash or check is due after each session.
- I need to cancel my appointment within 24 hours, or I will be charged the full fee;
- If my check is returned, I will be charged a $30.00 process fee andy my outstanding balance will be due prior to receiving additional services.
- I understand that if payment for the services I receive here is not made, the therapist may stop treatment.

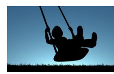
Emergencies:
I understand that :

- My therapist is not available 24 hours a day. If an emergency/crisis arises, I should call 911, the local crisis line and/or go to my nearest emergency room.

~~~~~~

Client's Name:____

Client's
Signature:_____________________________________/Date:__________________________
~~~~~~


Suzanne M Donohue, LCSW/Therapist
Mountain Lakes, NJ /Cell: 973-769-8159

STATEMENT/AGREEMENT REGARDING CONFIDENTIALITY

NAME:_______________________________________DATE:_______________

Information shared in this office is confidential except under certain circumstances. These include:

- You sign a “Release of Information” for me to share and or obtain information from another person/agency (If you have a Guardian or Authorized Representative, that person could also sign such a Release;
- You express or I become aware of your intention to harm yourself or I observe and believe that your emotional/mental state puts you at risk to do such action;
- You express or I become aware of your intention to do bodily harm to another person;
- You share or I become aware that your are emotionally, physically and/or sexually abusing or neglecting a child or an elderly/vulnerable person;
- You are under the age of 18 years and that you share or I become aware that you are currently and/or have been phsyicall and/or sexuially abused, or I determine that you are at significant risk for such abuse;
- I receive a signed order by a Judge to testify in court, or to provide records:
- I am required to share information under Federal or State Law or Regulation;
- I am required to share information by the Board of Social Work Examiners or the Office of the Attorney General during the course of an investigation;
- Your Insurance Company requests information relative to payment of your claim, or another process is required to collect unpaid fees of service, or I am involved in any legal defense related to your treatment;
- You are a defendant in a criminal proceeding and you need me to speak on your behalf;
- You are currently receiving mental health services and/or taking medication for mental health condition, or if you need psychiatric care while receiving therapy, or if you have had previous mental health services. In this case, I will request that you give me permission to speak/share/obtain information with your prescribing physician, therapist and/or clinic;

****see next page

- You complain of physical symptoms, or you develop any serious physical symptoms while receiving counseling/therapy. In this case, I will request that you obtain a physical examination to rule out any medical basis for symptoms, and allow me to speak with your physician.
- If/when insurance companies require me to submit clinical information about you to authorize additional sessions , I try to complete insurance treatment forms together with you so you will know exactly what is being written/said about you.

In the above instances, I will take appropriate action to ensure your safety. Otherwise, I may not reveal any information about you without your written permission.

Please remember that I have no control over the confidentiality of any information once it is disclosed outside this office.

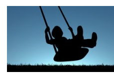
If you have any questions about who has access to your information, please contact other to whom you have authorized information to be released.

Print Name:____

Sign Name:____

Date:_____________________________________

****see next page


Suzanne M Donohue, LCSW/Therapist
Mountain Lakes, NJ /Cell: 973-769-8159

~~RELEASE/REQUEST FOR INFORMATION~~

Client's Name: **D.O.B.**
I hereby authorize: **Suzanne Donohue, LCSW, Therapist**

To release to, or request from -Title/Person/Agency/Specialist:
Address:

The following information:

This information is needed for the purpose of

____

I understand the entity releasing this information abides by Federal Confidentiality Regulations (42 CFR, Part 2) published July 1,1975, which protect the confidentiality of my records, and that information contained in my record cannot be disclosed without consent unless otherwise provided for in the regulations.

I understand that this directive is subject to revocation at any time upon my written request. Otherwise this consent will expire one year from the date signed below.

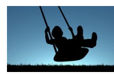
I, herewith release and hold harmless, Suzanne Donohue, from any liability for the release of any information provided in accordance with this directive.

Signature of Client or Legal Guardian_______________________________________

Witness____

Date Signed__________

****see next page



Suzanne M Donohue, LCSW/Therapist
Mountain Lakes, NJ /Cell: 973-769-8159

New Client Intake Information

Date: __________

Name of Client: ______________________________________ Gender: M/F____

Client's DOB: ____

Name of guardian (if minor): ____

Name of Insured: ____

DOB: ________________________ Insurance Co: ____

Insurance ID:
____

How were you referred to us? ____

Home Address: ____

Phone Numbers: **OK to call?** **OK to leave msg?**

Home: __________________________________ Yes / No Yes / No

Cell: _____________________________________ Yes / No Yes/No

Other: __________________________________ Yes / No Yes / No

E-mail:____

Employer: ____

Occupation:____

_

Family Members/Others in Home

NAME/RELATIONSHIP	DOB? AGE	*Any Medical/Health Issues/Diagnoses/Hospitalizations

*Has any member been in therapy previously? If yes, please

explain:____

____

Family Medical

****

If Minor Child:

D.O.B.____

School/Town____

Grade: ____

Diagnosis(es):____

Any School Issues?____

Academic?____

Social?____

Physical?____

Emotional?____

Special Education, IEP?____

504 Accommodation Plan?____

Working with School Counselor/Social Worker, I&RS Team

____

General Health:____

Injuries/Hospitalizations:____

Allergies:____

Any Medications?____

**Interests/Hobbies/Strengths:____

____

****

Emergency Contact/Relationship:

____

Phone: ____________________________

Emergency Contact/Relationship:

____

Phone: ____________________________

*****see Parent Questionnaire at the end of this document**

****

Presenting Problem (Reason for seeking treatment)

____

____

____

____

PCP & Other Medical Information

Primary Care Physician: ______________________________

Phone: _______________________

Psychiatrist: ____

Phone: _______________________

Hospitalizations/Surgeries (include dates, complications, outcomes, etc.)

____

Family Mental Health History

Relationship	Diagnosis	Description/Notes

Current Medications Medications

Dosage	Name of prescribing MD	Dates, other info.

Current Medications Medications

Dosage **Name of prescribing MD** **Dates, other info.**

____

____

____

Medical History (circle all that apply)

Anemia	Diabetes	High cholesterol	Liver disease	Thyroid
Arthritis	Hearing loss	High/Low blood pressure	Migraines	Vision
Asthma	Heart disease	HIV + or /AIDS	Respiratory	Cancer
Hepatitis A/B/C		Kidney Problems Seizures		Seizures

Other

Weight loss or gain in the past 6 months? Yes or No If yes, explain:

____

Loss or increase in appetite? Yes or No If yes, explain:

____

Any other significant information?

**See Next Page/Parent Checklist

COMPREHENSIVE PARENT CHECKLIST

Complete only what applies

Part I: Current Home and Health Status Please check one item for each category.

A. With whom does your child live? ❏ 1. Both mother and father (together in one home) ❏ 2. Mother ❏ 3. Father ❏ 4. Mother and stepfather ❏ 5. Father and stepmother ❏ 6. Both parents (in two different homes) ❏ 7. Foster parents ❏ 8. Other (specify)______________________________

B. Was your child adopted? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes (At what age?_______)

C. Are any languages other than English spoken in your home? ❏ 1. No ❏ 2. Yes

D. How many other children live in your home? ❏ 0. None ❏ 1. One (age_______) ❏ 2. Two (ages_______, _______) ❏ 3. Three (ages_______, _______, _______) ❏ 4. Four (ages_______, _______, _______, _______) ❏ 5. Other (ages_______, _______, _______, _______, _______, _______, _______, _______, _______, _______)

E. Have there been any recent changes in family life (for example, a birth, a divorce, or a move to a new home)? ❏ 1. No ❏ 2. Yes (specify)____

____

F. What is your child's overall physical health? ❏ 0. I don't know ❏ 1. Is usually in good health and physically fit ❏ 2. Is generally in good health ❏ 3. Has a health condition but does not require medication (specify health condition)

____

____

____

❏ 4. Has a health condition that requires medication (specify health condition)____

G. Has your child ever sustained a head injury? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes If Yes, please answer parts a, b, and c below. a. How serious was this injury? ❏ 1. Not serious ❏ 2. Slightly serious ❏ 3. Serious ❏ 4. Very Serious b. How long ago did the injury occur? ❏ 1. Within the past year ❏ 2. 1 to 2 years ago ❏ 3. 2 to 3 years ago ❏ 4. 3 to 4 years ago ❏ 5. More than 4 years ago c. Was the child unconscious? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes, for how long? (specify the amount of time)

____

H. Has your child ever had a serious illness? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes If Yes, please answer parts a and b below. a. What was the most serious illness?____

b. At what age did the illness initially occur?__________

I. Does your child have seizures? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes If Yes, how frequent are the seizures? ❏ a. I don't know ❏ b. Less than once a month ❏ c. About once a month ❏ d. More than once a month ❏ e. About once a week ❏ f. More than once a week

J. How would you describe your child's vision? ❏ 0. I don't know ❏ 1. Has normal or near normal vision without corrective lenses ❏ 2. Has normal or near normal vision when corrective lenses are worn ❏ 3. Has visual difficulties but does not wear corrective lenses ❏ 4. Has visual difficulties despite wearing corrective lenses ❏ 5. Has severe visual impairment

K. Has your child had a recent vision test? ❑ 0. I don't know ❑ 1. No ❑ 2. Yes If Yes, please answer parts a and b below. a. Specify month and year of test (___/___) b. What type of vision test did your child receive? (Check only one.) ❑ 1. Screening only ❑ 2. Optometrist's evaluation ❑ 3. Ophthalmologist's examination

L. How would you describe your child's hearing? ❑ 0. I don't know ❑ 1. Can hear in most situations (does not use hearing aid) ❑ 2. Can hear in most situations with a hearing aid ❑ 3. Has difficulty hearing but does not use a hearing aid ❑ 4. Has difficulty hearing even when using a hearing aid

M. Has your child had a recent hearing test? ❑ 0. I don't know ❑ 1. No ❑ 2. Yes If Yes, please answer parts a and b below. a. Specify month and year of test (___/___) b. What type of hearing test did your child receive? (Check only one.) ❑ 1. Screening only ❑ 2. Audiologist's evaluation ❑ 3. Ear, nose, and throat physician's exam

N. How much sleep does your child typically get each night? ❑ 0. I don't know ❑ 1. Less than 6 hours ❑ 2. 6 to 7 hours ❑ 3. 7 to 8 hours ❑ 4. 8 to 9 hours ❑ 5. 9 to 10 hours ❑ 6. More than 10 hours ❑ 7. He or she has no typical amount of sleep

O. How soundly does your child sleep? ❑ 0. I don't know ❑ 1. Sleeps so soundly that he or she cannot be woken easily ❑ 2. Usually sleeps soundly (typical for age) ❑ 3. Usually wakes at least once during the night ❑ 4. Doesn't seem able to sleep soundly ❑ 5. Does not apply

P. Has your child shown any recent changes in appetite? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes (specify)___________________________________ _______________________________

Q. Does your child frequently complain about not feeling well? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes (specify)____

R. Has any other member of your child's immediate family experienced personal, social, or learning problems? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes (specify) ______________________

❏ 3. Does not apply ____

******

Part II: Birth History

Please check one item for each category, unless specified otherwise.

A. What was the birth mother's condition during pregnancy? ❏ 0. I don't know ❏ 1. Normal; no health problems ❏ 2. Mother had health problems (specify)_________________

____ ❏ 3. Mother had health problems related to substance abuse (specify)_____________________________________ ______

B. How would you describe your child's birth? (Check all that apply.) ❏ 0. I don't know ❏ 1. Normal (no unusual problems) ❏ 2. Premature birth (weeks premature:_______) ❏ 3. Lengthy labor (more than 24 hours) ❏ 4. Complications at delivery (specify)_____________________

C. What was your child's condition immediately after birth? (Check all that apply.) ❏ 0. I don't know ❏ 1. Healthy (normal) ❏ 2. Injured at birth ❏ 3. Had difficulty starting to breathe ❏ 4. Jaundice ❏ 5. Had an infection ❏ 6. Seizures ❏ 7. Drug-dependent ❏ 8. Placed in incubator

❏ 9. Critical; placed in intensive care ❏ 10. Low birth weight (specify weight, if known ________) ❏ 11. High birth weight (specify weight, if known________) ❏ 12. Low Apgar score (qualify, if needed) _______________ ____

❏ 13. Had a blood transfusion ❏ 14. Other (specify) ____

Part III: Infancy and Early Childhood History

A. Choose up to three words that best describe your child's temperament (personality) during infancy and early childhood. ❏ 0. I don't know ❏ 1. Active ❏ 2. Affectionate ❏ 3. Alert ❏ 4. Attentive ❏ 5. Calm ❏ 6. Colicky ❏ 7. Curious ❏ 8. Demanding ❏ 9. Determined ❏ 10. Difficult ❏ 11. Fearful ❏ 12. Fussy ❏ 13. Happy ❏ 14. Imitative ❏ 15. Independent ❏ 16. Irritable ❏ 17. Loving ❏ 18. Observant ❏ 19. Playful ❏ 20. Screaming ❏ 21. Shy ❏ 22. Stubborn

❏ 23. Withdrawn

B. How would you rate your child's early motor skills development, such as sitting up, crawling, and learning to walk? ❏ 0. I don't know ❏ 1. Developed earlier than most other children ❏ 2. Seemed to be typical ❏ 3. Developed later than most other children ❏ 4. Does not apply

C. How would you rate your child's early language development, such as first words, asking simple questions, and talking in sentences? ❏ 0. I don't know ❏ 1. Developed earlier than most other children ❏ 2. Seemed to be typical ❏ 3. Developed later than most other children ❏ 4. Does not apply

D. Did your child have frequent ear infections (more than four within a twelve-month period)? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes If Yes, at what age(s)? (Check all that apply.) ❏ a. <1 ❏ b. 1 ❏ c. 2 ❏ d. 3 ❏ e. 4 ❏ f. 5

Part IV: Child's Preschool History Please check one item for each category.

A. Did your child attend preschool (not daycare)? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes If Yes, beginning at what age? ❏ a. 2 ❏ b. 3 ❏ c. 4 ❏ d. 5

B. During ages 3 through 5, how would you rate your child's cognitive development, such as counting, knowledge of the alphabet, and general knowledge and understanding? ❏ 0. I don't know ❏ 1. Seemed to learn more easily (or sooner) than most other children ❏ 2. Seemed to be typical ❏ 3. Seemed to have more difficulty learning (or learned later) than most other children ❏ 4. Does not apply Parent's Checklist 4

C. During ages 3 through 5, how would you rate your child's social development, such as ability to play with others, development of friendships, and relationships with adults? ❏ 0. I don't know ❏ 1. Seemed to develop social skills more easily (or sooner) than most other children ❏ 2. Seemed to be typical ❏ 3. Seemed to have more difficulty developing social skills (or learned later) than most other children ❏ 4. Does not apply

D. How difficult to manage was his or her behavior during the preschool years? ❏ 0. I don't know ❏ 1. Very easy to manage ❏ 2. Seemed to be typical ❏ 3. Somewhat difficult to manage ❏ 4. Very difficult to manage ❏ 5. Does not apply

Part V: School History Please check one item for each category.

A. Has your child ever repeated a grade? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes (If Yes, what grade was, or is being, repeated?________) ❏ 3. Does not apply

B. Has your child ever received special educational services, such as resource room instruction, speech therapy, or an individualized education program? ❏ 0. I don't know ❏ 1. No ❏ 2. Yes If Yes, please answer parts a and b below. a. Describe the special educational services your child received____

b. At what age did your child first receive these services?_________ ❏ 3. Does not apply

C. Do you believe that your child has learning problems? ❏ 0. I don't know ❏ 1. No ❏ 2. Maybe ❏ 3. Yes (describe)

____

❏ 4. Does not apply

D. If you believe your child has learning problems, how long have you been concerned about this? ❏ 0. I don't know ❏ 1. For a couple of months ❏ 2. For about 6 months ❏ 3. For about 9 months ❏ 4. For about 1 year ❏ 5. For about 2 years ❏ 6. For about 3 years ❏ 7. For about 4 years ❏ 8. For about 5 or more years ❏ 9. Does not apply

Part VI: Current Temperament and Mood

A. Choose up to three words that best describe this child's current temperament (personality).

❏ 0. I don't know ❏ 1. Accommodating ❏ 2. Active ❏ 3. Affectionate ❏ 4. Argumentative ❏ 5.

Attentive ❏ 6. Calm ❏ 7. Caring ❏ 8. Conscientious ❏ 9. Demanding ❏ 10. Determined ❏ 11. Difficult ❏ 12. Emotional ❏ 13. Enthusiastic ❏ 14. Happy ❏ 15. Hyperactive ❏ 16. Impatient ❏ 17. Impulsive ❏ 18. Independent ❏ 19. Insecure ❏ 20. Intelligent ❏ 21. Irritable ❏ 22. Motivated ❏ 23. Obedient ❏ 24. Outgoing ❏ 25. Playful ❏ 26. Reserved ❏ 27. Self-reliant ❏ 28. Shy ❏ 29. Sociable ❏ 30. Stubborn ❏ 31. Trusting ❏ 32. Undisciplined ❏ 33. Unhappy ❏ 34. Unmotivated ❏ 35. Other (specify)________

B. Which of the following best describes this child's typical mood? ❏ 0. I don't know ❏ 1. Usually happy ❏ 2. Mood is typical for age ❏ 3. Seems unhappy at times ❏ 4. Seems unhappy most of the time ❏ 5. None of the above (describe)____________________________________

C. How consistent is his or her mood? ❏ 0. I don't know ❏ 1. Mood is consistent ❏ 2. Shows normal "highs and lows" (typical for age) ❏ 3. Shows intense "highs" of energy followed by periods of sadness or depression ❏ 4. Does not apply

Part VII: Current Behaviors

Please base your ratings on your typical observations over the past year. Check one category for each item.

A. What is his or her attitude toward school? ❏ 0. I don't know ❏ 1. Very enthusiastic about school ❏ 2. Generally likes school ❏ 3. Likes some things about school and dislikes other things ❏ 4. Generally dislikes school ❏ 5. Dislikes school so much that he or she does not want to go ❏ 6. Does not apply

B. How would you rate his or her level of effort toward schoolwork? ❏ 0. I don't know ❏ 1. Tries very hard to succeed ❏ 2. Generally tries to succeed ❏ 3. Effort varies ❏ 4. Seems like he or she doesn't try to succeed ❏ 5. Does not apply

C. When helping or working at home, how attentive is he or she to details? ❏ 0. I don't know ❏ 1. Extremely attentive to details ❏ 2. Usually attends to details and concentrates when working (typical for age) ❏ 3. Often fails to pay close attention to details or makes careless mistakes ❏ 4. Does not apply

D. How would you rate his or her attention span? ❏ 0. I don't know ❏ 1. Unusually high degree of sustained attention in tasks or play activities ❏ 2. Usually maintains attention in tasks or play activities (typical for age) ❏ 3. Often has difficulty sustaining attention in tasks or play activities ❏ 4. Does not apply

E. How would you rate his or her listening ability? ❏ 0. I don't know ❏ 1. Always, or almost always, listens when spoken to directly ❏ 2. Usually listens when spoken to directly (typical for age) ❏ 3. Often does not seem to listen when spoken to directly ❏ 4. Does not apply

F. How would you rate his or her follow-through on homework? ❏ 0. I don't know ❏ 1. Always, or almost always, follows instructions and finishes homework ❏ 2. Usually follows instructions and finishes homework (typical for age) ❏ 3. Often does not follow instructions and fails to finish homework ❏ 4. Does not apply

G. How would you rate his or her level of organization? ❏ 0. I don't know ❏ 1. Is highly organized ❏ 2. Usually organizes tasks and activities (typical for age) ❏ 3. Often has difficulty organizing tasks and activities ❏ 4. Does not apply

H. How would you rate his or her response to tasks that are difficult for him or her? ❏ 0. I don't know ❏ 1. Noticeably increases level of effort ❏ 2. Generally persists (typical for age) ❏ 3. Attempts but gives up easily ❏ 4. Often avoids, dislikes, or is reluctant to engage in difficult tasks ❏ 5. Does not apply

I. How well does he or she maintain personal belongings? ❏ 0. I don't know ❏ 1. Always, or almost always, keeps personal belongings in order ❏ 2. Usually keeps personal belongings in order (typical for age) ❏ 3. Often loses personal belongings ❏ 4. Does not apply

J. How does he or she typically respond to distractions? ❏ 0. I don't know ❏ 1. Generally not distracted ❏ 2. Usually shows normal reactions and adapts (typical for age) ❏ 3. Often easily distracted ❏ 4. Does not apply

K. How often does he or she remember to do assigned chores at home? ❏ 0. I don't know ❏ 1. Always, or almost always, remembers chores he or she is supposed to do ❏ 2. Usually remembers chores he or she is supposed to do (typical for age) ❏ 3. Often forgets chores he or she is supposed to do ❏ 4. Does not apply

L. What is his or her typical activity level when watching television, eating meals, or doing homework? ❏ 0. I don't know ❏ 1. Seems less active than others of same age and sex ❏ 2.

Activity level is similar to others of same age and sex ❏ 3. Often fidgets with hands or feet, or squirms (more than others of same age and sex) ❏ 4. Does not apply

M. What is his or her typical activity level in social situations outside of the home? ❏ 0. I don’t know ❏ 1. Seems sluggish or lacks energy ❏ 2. Activity level is similar to others of same age and sex ❏ 3. Often runs about or climbs excessively in situations in which it is inappropriate ❏ 4. Does not apply

N. Can he or she play quietly when required? ❏ 0. I don’t know ❏ 1. Yes, can play quietly when required (typical for age) ❏ 2. Often has difficulty playing quietly ❏ 3. Does not apply

O. What is his or her style of motor activity? ❏ 0. I don’t know ❏ 1. Awkward, seemingly clumsy ❏ 2. Slow ❏ 3. Seems similar to others of same age and sex ❏ 4. Is often “on the go” or acts as if “driven by a motor” ❏ 5. Does not apply

P. How much talking does he or she do? ❏ 0. I don’t know ❏ 1. Generally talks much less than age peers of the same sex ❏ 2. Amount of talking is age appropriate ❏ 3. Often talks excessively ❏ 4. Does not apply

Q. How good is he or she at taking turns? ❏ 0. I don’t know ❏ 1. Typically withdraws from activities that involve taking turns ❏ 2. Takes turns appropriately for age ❏ 3. Often has difficulty waiting for a turn ❏ 4. Does not apply

R. How well does he or she interact with peers? ❏ 0. I don't know ❏ 1. Typically avoids interacting with peers ❏ 2. Social interaction skills are typical for age ❏ 3. Often interrupts or intrudes on others (butts into conversations or games) ❏ 4. Does not apply

Part VIII: Behavior Problems at Home

Some of the following behaviors are common at certain ages and are not serious problems. Sometimes they can cause serious problems at home. If your child does not exhibit the problem behavior at home, check No and proceed to the next category. If you check Yes, briefly describe the specific behavior, then rate how serious the behavior is.

A. Inattentiveness. Does your child have difficulty paying attention or concentrating at home? For example, does he or she fail to listen to specific instructions or become distracted from what he or she is doing by just about anything that happens? ❏ 1. No ❏ 2. Yes (describe)

____

If Yes, how serious is this behavior? ❏ a. Not serious ❏ b. Slightly serious ❏ c. Serious ❏ d. Very serious

B. Overactivity. Is your child overly active for his or her age? For example, does he or she seem unable to remain seated in the car or at the dinner table, run around the house excessively, or act as if "driven by a motor"? ❏ 1. No ❏ 2. Yes (describe)

____

If Yes, how serious is this behavior? ❏ a. Not serious ❏ b. Slightly serious ❏ c. Serious ❏ d. Very serious

C. Impulsiveness. Does your child act in impulsive ways that would be considered immature for his or her age? For example, does he or she interrupt others who are talking, blurt things out before thinking, act without thinking, butt into conversations or games, or become unreasonably impatient when asked to wait? ❏ 1. No ❏ 2. Yes (describe) ___________________________ Yes, how serious is this behavior? ❏ a. Not serious ❏ b. Slightly serious ❏ c. Serious ❏ d. Very serious Parent's Checklist 7

D. Uncooperative behavior. Is your child uncooperative? For example, does he or she frequently refuse to follow instructions or rules, act defiantly, argue or talk back to adults, pout, refuse to take turns or share with other children, or cheat at games? ❏ 1. No ❏ 2. Yes (describe)

____

____ If Yes, how serious is this behavior? ❏ a. Not serious ❏ b. Slightly serious ❏ c. Serious ❏ d. Very serious

E. Anxiousness. Does your child seem more nervous than other children of his or her age? For example, does he or she seem to cry a lot or frequently complain of a stomachache? Does he or she seem to always have a tense or worried expression? Does he or she demonstrate hair pulling, nail biting, twitching, pacing, or trembling? ❏ 1. No ❏ 2. Yes (describe)

____

If Yes, how serious is this behavior? ❏ a. Not serious ❏ b. Slightly serious ❏ c. Serious ❏ d. Very serious

F. Withdrawal. Does your child seem to withdraw from other children rather than interact or play with them? For example, does he or she appear sullen or detached or prefer to be alone rather than with others? ❏ 1. No ❏ 2. Yes (describe)

____ _________________________________

If Yes, how serious is this behavior? ❏ a. Not serious ❏ b. Slightly serious ❏ c. Serious ❏ d. Very serious

G. Aggressiveness. Does your child act aggressively to other people or property? For example, does he or she hit, kick, bite, pinch, scratch, push, throw objects at or spit at another; threaten, bully, or verbally abuse another; or break, deface, or destroy things? ❏ 1. No ❏ 2. Yes (describe) ____

If Yes, how serious is this behavior? ❏ a. Not serious ❏ b. Slightly serious ❏ c. Serious ❏ d. Very serious

H. Other inappropriate behaviors (nonaggressive). Does your child behave in ways that are socially inappropriate or offensive to others? For example, does he or she swear or use vulgar language, tease others, tattle on others, talk too loudly, bother others who do not want to be annoyed, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals? ❏ 1. No ❏ 2. Yes (describe) ____

If Yes, how serious is this behavior? ❏ a. Not serious ❏ b. Slightly serious ❏ c. Serious ❏ d. Very serious

~~~End~~~