Educational Planning and Counseling Services

Mental health assessment for children and young adults ages 5 and above

Thank you for taking the time to complete our assessment

Child's full name: _____

Age _____ gender _____male _____female

Grade completed: _____disability_____

Impairment _____

Current diagnosis:

_____
_____
_____
_____
_____
_____

My child has a developmental disability _____yes _____no

My child has problems in the following behavioral areas:

_____behavioral challenges _____acting out. Fighting, screaming, yelling, and unable to control emotions. Throwing tantrums _____arguing with siblings, and parents etc.

_____
_____
_____

Child has been having

_____multiple hospitalization

_____ongoing psychiatric problems: (please describe)

_____

_____
_____

_____not taking medication or relapses causing need for hospitalization or treatment placement

_____threatening harm to self or others

Describe_____

My response has been

_____

_____

Where was your child treated: (hospital or program?

_____

Who was the physician? _____

How long have they been treated by a psychiatrist_____

Describe the nature of their treatment

_____

_____

_____

_____

Are they living at home now _____yes _____no if no, where are they living?

Address or contact information where they current live:

_____

_____

Are they in foster care or a group home ____yes _____ no

How long have they been living there _____

Have they ever worked _____how long _____

_____

What challenges have they had

_____

_____

Would you say their condition has changed or gotten worse?

_____

_____

Are they receiving Social security benefits _____yes ____no _____

Amount child or adult received_____ _____ *SSISSDI*

Date receipt_____

Who manages this young adult's finances _____parents_____ relative_____ other guardian_____

Are you the legal guardian _____yes _____no?

Describe:

_____
_____
_____

What support system is in place for this child or young adult? (Check all that apply)

_____family _____friends: describe in more detail _____

Church family_____ neighbors_____

Family outside the country_____ peers_____

City/Stat e/country_____ citizenship_____

Current grades are __excellent ____average ___good _____ poor _____failing

Does the child or young adult attend school? status: full time: ___

Status: freshman _____sophomore _____junior_____secondary schools or middle school _____elementary

Senior_____ graduate student_____

Part time_____ part time _____fulltime_____

School or college_____

City state_____

Briefly Describe: the most recent behavior of the child?

_____
_____
_____
_____
_____
_____

Briefly describe: whether they are on medication or receive medical attention? Do they have a primary diagnosis and physician who? Name and address please!

Describe: _____

_____
_____
_____
_____
_____
_____

How long has this child adult having problems? When were they hospitalized?

_____
_____

Has the child or young adult ever attempted suicide or caused danger to others describe:

_____
_____

Are there any conflicts at home which might have caused this problem?

_____yes or no
describe_____
_____

How long have these problems existed _____months _____years

Are you the legal guardian _____yes_____ no

Who is the guardian_____

Describe in detail what steps you have taken to encourage independent living:
_____

_____
_____
_____

Briefly: Tell us what happen?

_____
_____
_____
_____

What concerns do you have since their last hospitalization?

_____
_____
_____

Briefly describe their most recent episode?

_____
_____
_____

Who had to intervene?

___therapist _____local police _____transport company _____
family and friend_____ neighbors_____ other professionals
_____type of professional_____

How would you describe the current condition with your child?

_____

Severe impairment _____moderately impaired_____ mildly impaired_____
_____unmanageable

Describe their physical health:

_____

Was the disability identified by the hospital? Mental illness _____

Other impairment_____

Cognitively impaired_____ physical impaired_____ mental impairment
_____sensory impaired _____other impairment:

Describe: _____

Are you receiving any accommodations to address this problem? Through a state or local agency (health care or social services _____yes _____no

What services_____

Is the adult legally emancipated _____yes ____no

Do they have another impairment _____yes _____no (vision? Hearing, motor coordination

Describe_____

Has your child ever received mental health services? Where, and when?

_____
_____
_____

Has your child ever been admitted into a residential treatment facility?

YES _____NO_____ DATE _____YEAR?

_____

WHAT DO YOU BELIEVE WERE THE CHALLENGES OVERLOOKED BY ANY OF THE AGENCIES OR MEDICAL STAFF?

_____

_____

HOW HAVE YOU BEEN HANDLING THESE CHALLENGES?

_____

DO YOU BELIEVE THERE IS A NEED FOR AN ADDITIONAL MEDICAL OR MENTAL HEALTH PROFESSIONAL OR SERVICES?

_____

WOULD YOU CONSIDER THE ADVICE OF ANOTHER PROFESSION REGARDING LONG TERM PLACEMENT?

_____

WOULD COST BE A DETERMINING FACTOR _____YES _____NO_____ MAYBE _____PERHAPS?

EXPLAIN: _____

HAVE YOU DISCUSSED YOUR CONCERNS WITH YOUR CHILD OR YOUNG ADULT?

_____

WHAT HAS BEEN THEIR RESPONSE?

_____

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG

WHAT IS YOUR CHILD OR YOUNG ADULT'S INTELLECTUAL QUOTIENT? IQ _____?

WHAT WERE THE RESULTS: (IF NOT TAKEN PUT NONE)

_____

SCORES:

_____

RESULTS: _____

Findings:

_____

Briefly tell us whether your plans for hospitalization have been difficult to implement?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Do you have a case worker?

Whom:

_____

_____

Describe in greater detail: (address contact information)

_____

Did they offer professional advice?

_____

What advice did they give you

_____
_____

What was your response to this advise

_____
_____

Do you have an attorney ____yes _____no? is guardianship established ____yes no_____ do you plan on filing for guardianship _____yes _____no and when to you plan this_____

Are you aware an adult child may walk away from a residential program or hospital when it has not been established they do not have a guardian?

_____YES ____NO

How would you describe your knowledge of the legal process in addressing you child's or young adults' needs?

_____
_____
_____

Would you say you aware of the following?

Issues of the iep _____ knowledge of idea_____ knowledge American disabilities education act_____ health insurance portability act as it applies to information

How would you describe your child's needs since his/her anticipated placement?

_____

Needs have been addressed_____ not addressed_____ need more information _____

To you knowledge has your child ever use or experimented with drugs

_____YES _____NO

Explain in detail:

_____

Has there been any relapse or use of drugs recently

_____

If the adult does not have any substance abuse issues, are there any mental health issue not mentioned:

Describe_____
_____

Explain:

_____

_____

Has your child ever experienced any trauma or event which has caused you concern? (Loss of family member, moved, change in schools)

_____

Date of the event: _____year_____

Has your child engaged in self destructive behavior? (Paranoid thinking, suspicious behavior lying, threatening others, running away)?

_____

Describe your child's level of confidence or self esteem?

_____

_____

_____

_____

Does your child have any learning differences

Describe: _____

Does your child have autism_____ yes____ on the spectrum how severe is the condition.

_____very severe _____moderate_____somewhat severe _____very severe

Is your child taking any medication or receiving medical attention?

_____

What is the nature of their condition? (agitated, restless, not sleeping, and not eating)

_____

How long have they been in this condition? What care was received? Where?

_____

Who was the doctor: _____

May we contact them?

Yes_____no_____

Address

City/state/country

Would you describe your child's overall health as?

_____excellent _____good _____not so good_____ very poor

Where would you be most comfortable in placing you child after leaving a therapeutic or wilderness?

_____public school _____private school_____ boarding school
_____charter school _____vocational school _____college

Agreement

By giving consent the parent simply agrees to allow the educational consultant to work on behalf of the family in a placement or school or program.

Parent signature

_____

Full name/please print

Are you the legal guardian or parent _____yes _____no?

Who is the legal guardian _____?

Do you have joint custody? _____

Address

_____

City/state/country/

_____

Kenneth Davis MA ED educational consultant

Date/month/year completed assessment

Please fax the form to our fax: 623 322-9481