Seminole County Public Schools (SCPS) and UCF College of Community Innovation & Education (UCF-CEDHP) Partnership
Counseling Services at Hamilton, Midway, and Pine Crest Elementary Schools
Fall 2020 & Spring 2021

Counseling Psychosocial Intake Form – Child & Adolescent Version

This information you are supplying regarding your child below is used by his or her counselor to ensure appropriate serves are provided by the counselor. In addition, the information you report regarding your child may be used in research examining the influence of the school-based counseling services on your child. All research information collected is confidential and all findings are presented in an aggregated format (e.g., *no* individual names or identifiers included). Confidentiality of the information you present will be maintained except for those reason required under Florida state law such as your child threatens to harm himself or herself or another individual. Please complete ***all*** sections of the form to the best of your knowledge regarding your child.

Introductory Information:

Child's Name: ______________________________________ Today's Date: ______________________

Child's Parent/Guardian's Name: ____

Address: ____

Home Phone: _________________ Cell Phone: __________________ Work Phone: _________________

E-mail Address: ____ Gender: _____________________

Date of Birth: ____ Age: _______________________

Racial/Cultural Background: ____

School Your Child Currently Attends: ____

Your Child's School Counselor: ____

Presenting Problem / Reason for Seeking Counseling

What is the primary problem / issue your child is experiencing that counseling may help?

____

____

What services (counseling, school, health) has your child received in the past to support him or her?

____

____

What would you like to see as an outcome of your child's participation in counseling (*your expectations*)?

____

____

Physical Health

Please rate your child's current **physical health**:
_______Very Good _______ Good _______ Average _______ Poor _______ Very Poor

Does your child have current physical health concerns: _______ No _______ Yes (*please explain*)

____

What are your child's illnesses, injuries, or handicaps (past & present)?

____

What was the date of your child's last medical examination? ______________________________

What were the results of your child's last medical examination? ____________________________

Is your child prescribed medications to treat any physical issues? ________ No _______ Yes (*please explain*)

____

Is there anything your counselor should know about your child's physical health? _______ No _______ Yes (*please explain*)

____

Emotional Health

Please rate your child's current **emotional health/functioning**:
_______Very Good _______ Good _______ Average _______ Poor _______ Very Poor

Has your child been in counseling or psychotherapy in the past? _________ No _______ Yes (*please explain*)

____

Provider of counseling or psychotherapy services: ______________________________________

? ____________ No _______ Yes (*please explain*)

____

Is your child prescribed medications to treat any emotional issues? _______ No _______ Yes (*please explain*)

____

Has your child ever been hospitalized for emotional issues? _______ No _______ Yes (*please explain*)

____

Has your child ever been abused &/or neglected (physically, sexually, emotionally)? _____ No _____ Unsure _______ Yes

(*please explain*)____

Does your child experience any of the following issues (*circle all the apply*)

Issue	Currently Experiencing		Experienced in the Past	
Angry outburst	Yes	No	Yes	No
Anxiety/Panic attacks	Yes	No	Yes	No
Depression	Yes	No	Yes	No
Difficulty concentrating	Yes	No	Yes	No
Eating issues	Yes	No	Yes	No
Frequent crying	Yes	No	Yes	No
Hallucinations (visual, auditory, tactile)	Yes	No	Yes	No
Legal issues	Yes	No	Yes	No
Migraines	Yes	No	Yes	No
Self-injurious behavior	Yes	No	Yes	No
Self-esteem issues	Yes	No	Yes	No
Sleeps difficulties	Yes	No	Yes	No
Substance abuse issues / Addictions	Yes	No	Yes	No
Stomach problems	Yes	No	Yes	No

Please elaborate on *all* of the identified issues your child has experienced:

____

____

____

____

Family Background

Please rate your child's **family's level functioning**:
_______Very Good _______ Good _______ Average _______ Poor _______ Very Poor

Who is your child's legal guardian(s)? ____

What is the relationship status of your child's parents?
_______ Single, never partnered _______Engaged _______ Married _______ Partnered
_______ Cohabitating & unmarried _______Separated _______Divorced _______ Widowed
_______ Other (please explain) ____

Child's Family Members

Relation to Child	Name	Lives in Home with Child		Age
Mother		Yes	No	
Father		Yes	No	
Step-Mother		Yes	No	
Step-Father		Yes	No	
Sibling		Yes	No	
Sibling		Yes	No	
Step-Sibling		Yes	No	
Step-Sibling		Yes	No	
Other		Yes	No	
Other		Yes	No	

Has your child experienced a significant loss during the last year? _______ No _________ Yes

(*please explain*)____

Does anyone in your child's family have a substance abuse problem? __________ No ________ Yes

(*please explain*)____

Does anyone in your child's family have a psychiatric / psychological disorder? ________ No ________ Yes

(*please explain*)____

Does anyone in your child's family have a history of suicide &/or suicidal ideations? _____ No _____ Yes

(*please explain*)____

Does anyone in your child's family have a history of sexual abuse or molestation? ______ No ____ Yes

(*please explain*)____

Has your child's family experience a significant transition during the last year? ________ No ________ Yes

(*please explain*)____

Educational History

Please rate your child's current **educational achievement/functioning**:
_______Very Good ______ Good ______ Average ______ Poor ______ Very Poor

Please rate your child's **academic ability within school**:
_______Very Good ______ Good ______ Average ______ Poor ______ Very Poor

Please rate your child's **behavior within school**:
_______Very Good ______ Good ______ Average ______ Poor ______ Very Poor

Please rate your child's **attendance at school**:
_______Very Good ______ Good ______ Average ______ Poor ______ Very Poor

Please rate the **quality of your child's teachers**:
_______Very Good ______ Good ______ Average ______ Poor ______ Very Poor

Has your child been suspended from school during the last year? ______ No ______ Yes

(*please explain*)____

Does your child have a discipline problem in school? ______ No ______ Yes

(*please explain*)____

Does your child receive exceptional education service? ______ No ______ Yes

(*please explain*)____

Does your child have an Individualized Education Program? ______ No ______ Yes

(*please explain*)____

What is the highest educational grade level completed by your child's mother?

(*please specify*) ____

What is the highest educational grade completed by your child's father?

(*please specify*) ____

Who would you identify as an advocate for your child at school?

(*please specify*) ____

Peer-Relationships

Please rate the quality of your child's **relationships with peers**:
_______Very Good ______ Good ______ Average ______ Poor ______ Very Poor

Please rate your child's **ability to have quality relationships with peers**:
_______Very Good ______ Good ______ Average ______ Poor ______ Very Poor

How would you rate your **child's support system** (*e.g., family, peers, & teachers*)?
_______Very Good ______ Good ______ Average ______ Poor ______ Very Poor

Does your child have a boyfriend or girlfriend? ______ No ______ Yes

(*please explain*)____

Has your child been bullied? _______ No ______ Yes

(*please explain*)____

Do you feel your child experiences peer pressure to make poor choices? ________ No ______ Yes

(*please explain*)____

What three words best describe your child?

(1) ______________________________________

(2) ______________________________________

(3) ______________________________________

active ambitious self-confident persistent nervous
hardworking impatient impulsive moody excitable imaginative
calm serious easygoing shy good-natured introvert sad
extrovert likeable leader quiet hard-boiled submissive
self-conscious lonely sensitive passive indifferent

Thank You for Taking the Time to Complete This Form That Will Assist Your Child's Counselor in Working with Your Son or Daughter

Updated on 06/15/2020