

Child's Name:	Date of birth:	Gender:
---------------	----------------	---------



Child assessment form

Reason for referral

What are parent/carer main concerns?

Presenting problems and other difficulties:

Feelings/emotions:

Behaviours:

Communication: (including nonverbal, e.g. eye contact, use of gestures, body language, tone of voice, etc.)

Sleeping/bedtime:

Eating: (what they eat, mealtime behaviour)

Going to school/returning from school (leaving/reuniting with parent/carer)

relationship with siblings/other family members:

Friends:

Child's Name:	Date of birth:	Gender:
---------------	----------------	---------



Educational history:

Risk assessment – any risk to self or others? Any deliberate self-harm or violence to other?

Developmental and medical history:

Language, cognitive, physical

Child's interests

Child's typical day

Child's Name:	Date of birth:	Gender:
---------------	----------------	---------



Current family situation: (contact, divorced etc)

Social History:

Family origin:

Home/ school moves:

Significant changes (e.g. divorce, significant change in finances, injury/sickness-child or significant others):

Losses (deaths, divorce, loss of friends, etc.):

Family tree/genogram: