

Identifying Information:

Patient Name _____

Parent Names (minor) _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Date of Birth _____ Age _____ Patient's Social Security# _____

Contact email address _____

Grade Level: _____ School District _____

Patient Sex: Male _____ Female _____

Parent's Marital Status: Married _____ Single _____ Divorced _____ Separated _____

Date of Birth: Mother _____ Father _____

Emergency Contact person:

Name _____

Address _____

Phone _____ Relationship _____

Insurance Company Information:

Member Name _____ Social Security # _____

Member Employer _____

Employer Address _____

Employer Phone Number _____

Carrier Name _____ Policy # _____

Group # _____ Effective Date _____

How did you hear about us? _____

Primary Care Physician & Phone _____

To provide excellent care we request to contact your PCP Yes _____ No _____ Initial _____

Psychiatrist/and Neurologist _____

Address and Phone _____

Current Medications (All): _____

Previous Therapist, Address and Phone _____

Past Treatment Outcome: What worked? What didn't? _____

What **goals** would you like to accomplish for your child? _____

What are your child's nutritional concerns? _____

Health Comments/Screening

Circle "Yes" or "No" to the following. If you circle yes please list any special instruction or health comments.

In the past six months has your child had any of the following symptoms:

Diet/Nutrition	Poor/Fussy/Needs Improvement/Good/Healthy
Allergies.....	Yes or No _____
Diabetes.....	Yes or No _____
Asthma.....	Yes or No _____
Abdominal/Stomach Pains.....	Yes or No _____
Diarrhea/Constipation.....	Yes or No _____
Vomiting.....	Yes or No _____
Bleeding easily.....	Yes or No _____
Bruising easily.....	Yes or No _____
Chest Colds.....	Yes or No _____
Chronic Cough.....	Yes or No _____
Wheezing.....	Yes or No _____
Fever.....	Yes or No _____
Earaches.....	Yes or No _____
Nose Bleeds.....	Yes or No _____
Sinus Problems.....	Yes or No _____
Skin Rash.....	Yes or No _____
Difficulty Urinating.....	Yes or No _____
Bedwetting.....	Yes or No _____
Convulsions.....	Yes or No _____
Frequent or Severe Headache.....	Yes or No _____
Difficulty Sleeping.....	Yes or No _____
Numbness or Tingling.....	Yes or No _____
Pneumonia.....	Yes or No _____
Bronchitis.....	Yes or No _____
Diabetes.....	Yes or No _____
Measles.....	Yes or No _____
Heart Murmur.....	Yes or No _____
Seizures.....	Yes or No _____
Headaches.....	Yes or No _____
Dizziness/Vertigo.....	Yes or No _____
Celiac Disease/Gluten Intolerance.....	Yes or No _____
Date of last physical exam _____	

Assignment of Benefits/Payment Authorization

Client's Name _____ Date _____

Dear Client/Partner:

Please fill out this form in its entirety.

It is your responsibility to know your member benefits. Logos appearing on insurance cards can be misleading. Please notify your insurance company to know what your coverage is and as to whether or not you need authorization for treatment. It is your responsibility to know your mental health claims address, deductible, coinsurance, and or co-pay. Payment for non-covered services for any reason is your responsibility.

Payment for appointments not cancelled with 24-hour notice is your responsibility.

I authorize Stepping Forward Counseling Center, LLC to release any medical or other information necessary to process claims.

I assign to Stepping Forward Counseling Center, LLC all rights and benefits under my policy or plan including, but not limited to, the right to direct payment of medical benefits for all services provided. I further assign all rights and benefits under my policy or plan to Stepping Forward Counseling Center, LLC to legally enforce the right to direct payment of medical benefits for all services provided.

I will forward upon receipt any payments received along with the explanation of benefits to Stepping Forward Counseling Center, LLC 26 Main Street, Chatham, NJ 07928. Please endorse the back of the check as follows: Pay to the order of Stepping Forward Counseling Center.

Stepping Forward Counseling Center is authorized to charge my credit card if a balance is due and agreed upon by both parties or if I have not forwarded any insurance payments to them within 15 days upon my receiving it.

By executing the documents contained in this intake packet, the signing party agrees to pay all amounts invoiced and agreed to and set forth herein, including any and all fees and costs of collecting on any unpaid balances. In the event the executing/responsible party fails to pay all sums due and Stepping Forward Counseling Center's attempt to collect the amounts due are unsuccessful, then Stepping Forward shall retain the services of an attorney to collect those amounts due. All legal fees and costs of collection shall become the responsibility of and paid for by the executing/responsible party and shall be added to those amounts due and owing.

Credit Card Type _____ Expiration Date _____

CV Code _____ Credit Card number _____

Thank you in advance for your cooperation.

I understand and agree to the above policies and procedures and assignment of benefits:

Signature Date

Print Name Date

AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

I, _____ give staff from Stepping Forward Counseling Center permission to disclose and or obtain information from: (Organization or, Name of person(s)) and phone number) Be Specific:

Regarding (patient's name) _____.

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services.

I understand that I have the right to revoke authorization in writing, at any time by sending written notification to Stepping Forward Counseling Center. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

I further understand that Stepping Forward Counseling will not condition my treatment on whether or not I give authorization for the requested disclosure.

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format, or electronically.

Federal prohibits the person or organization to whom disclosure is made from making any further disclosure of substance abuse treatment information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42C.F.R. Part 2.

Information will be disclosed if information is of danger to the client or deemed necessary by clinician. (Client will be notified prior to disclosure and encouraged to attend session with parent/guardian.

Expires one year after date of signature.

Thank you in advance for your cooperation.

Signature _____ Date _____

_____ Check here if patient/client refuses to sign authorization

Safety Policy Crisis Intervention and Prevention

Staff at Stepping Forward Counseling Center is trained in Crisis Management using techniques from the Handle with Care Behavior Management System to manage disruptive, assaultive and out of control behavior. This crisis intervention program has been proven effective in resolving potentially violent crises. It is designed to safely intervene without damaging the therapeutic relationship the client has formed with the staff. The program is a behavior management system based on the philosophy of providing the best *Care, Welfare, Safety, and Security* for staff and those in their care, even during violent moments. The program focuses on preventing disruptive behavior by communicating with individuals respectfully and with concern for their well-being. The program teaches physical interventions only as a last resort—when an individual presents an imminent danger to self or others—and all physical interventions taught are designed to be non-harmful, noninvasive, and to maintain the individual’s dignity. Follow-up debriefing strategies are also key components of the training program.

Staff work to prevent violent outbursts, but in the event of a situation where the client is a danger to self or others staff will take the necessary steps to intervene and deescalate the situation. Any physical intervention has potential for medical risk and should be looked at as an emergency response procedure. Risks could include, but is not limited to, injuries ranging from bites, asphyxia, damaged joints, broken bones, friction burns, disability, or death. Additionally, there is the risk that a psychological injury may also occur, particularly for those children who have experienced prior abuse by adults.

Risks involved with physical intervention can be minimized when staff members regularly practice and rehearse procedures for team interventions. Physical interventions will only be used if one or more of the following conditions exist:

The individual is placing him or herself in clear physical danger

- The individual is placing others in clear physical danger
- The individual is engaging in property destruction that may lead to physical harm to him/herself or others.

SFCC has established a policy on Restrictive Behavior Management to identify risks and procedures associated with physical restraint.

Medical Clearance RBM

MEDICAL CLEARANCE FOR THE USE OF THERAPEUTIC HOLDING INTERVENTIONS

I have examined the above-named child and accompanying medical records have found: (Check One)

- The child does not have a documented respiratory ailment, spinal condition, fracture, seizure disorder, or other physical condition that would preclude the use of physical restraint as utilized by Stepping Forward Counseling Center.
- The child has a documented medical condition called _____ that precludes the use of any physical restraint.
- The child has a documented medical condition called _____ that requires the use of physical restraint for behavior management purposes.

_____ **I agree with Stepping Forward Counseling Center’s Safety Policies**

Client Signature: _____ Date _____

Parent Signature (if client is minor): _____ Date: _____

Parental Consent for Photographs and Video Taping

During your child's stay at SFCC, we may wish to photograph and/or video and or audio tape your child engaged in therapeutic and related activities. Your help in training and educational purposes and sharing our pride in your child's accomplishments would be greatly appreciated. I hereby grant SFCC permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of SFCC and will not be returned. I hereby irrevocably authorize SFCC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing SFCC's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge SFCC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Please complete the information below:

_____ I **DO** give permission to have my son/daughter photographed and/or videotaped during their stay at SFCC. These photographs and/or tapes may be used for therapy projects, instructional purposes and for publication in newspapers and/or brochures.

_____ I **DO NOT** give permission to have my son/daughter photographed and/or videotaped during their stay at SFCC. These photographs and/or tapes may be used for therapy projects, instructional purposes and for publication in newspapers and/or brochures.

Family involvement

The importance of family involvement in the therapeutic process has been well documented. As such, Stepping Forward Counseling Center (SFCC) feels strongly that regular parental and family participation is an inherent component of the therapies we offer. We subsequently require that all parents and families of children participating in our SFCC programs attend parenting programs and family sessions as recommended by our clinical team. We additionally require that parents provide regular updates on their child's progress via scheduled sessions with our clinicians.

By signing this form, I acknowledge that I have been made aware of the requirement for family participation and that I consent to be actively involved in my child's treatment.

Art Therapy Projects

Your child will participate in many different Art Medias at SFCC. This work may be displayed or presented from time to time in different professional settings. This work created by your child or a group of children is used for therapeutic purposes.

I have read and understand the above-mentioned information:

Child's Name: _____ Date: _____

Parent/Guardian Signature _____

Ear Acupuncture

Ear Acupuncture has been shown to be very helpful in relieving symptoms resulting from exposure to traumatic events as well a variety of emotional disturbances, drug and alcohol addiction. Five small needles are placed on the surface of each ear to reach aspects of the body, mind and spirit connection. The treatment takes 30-45 minutes in a group setting, with the recipient fully dressed and sitting in a chair. Individuals often feel immediate relief and a decrease in tension and anxiety. Participants have reported sleeping better and feeling a greater sense of connection with themselves.

Brain Paint

Stepping Forward Counseling Center has implemented a new program entitled BrainPaint for our clients. The staff at Stepping Forward Counseling Center have been trained to implement this program in order to improve the way our clients feel and function within the world. Please read below to learn more information about this program.

Discover Your Potential with BrainPaint

BrainPaint is a scientifically proven way to improve the way you feel and function in the world by improving how your brain operates. It is a noninvasive, organic process that does not change who you are. It is you just in a better mood or with an increase in confidence, focus, and performance. BrainPaint is an alternative to medication for most issues that stem from the brain. It is a journey into the possible.

BrainPaint will focus on a more preventative use of BrainPaint to help patients with:

Addiction, ADD/ADHD, Attention/Focus, Anxiety/Stress, Depression, Fear/Phobias, Headaches, Insomnia, Migraines, Physical pain/Fibromyalgia, those patients wanting increased energy, those patients wanting deeper meditation, those patients wanting improved relationships.

Steps to BrainPaint

- Stepping Forward Counseling Center provides a pre-questionnaire to qualify a patient for BrainPaint training.
- Stepping Forward Counseling Center will then sign off on the patient and the patient will be turned over to a level I Diagnostic technician to begin the neurofeedback training process.
- Stepping Forward Counseling Center will receive generated reports from BrainPaint to be able to evaluate each patient.
- Each patient will need to be evaluated after the first five sessions.

Parent/Guardian Signature _____ Date _____

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT.

LEGAL DUTY

Stepping Forward Counseling Center, LLC is required by law to protect the privacy of your personal health information, provide this notice about my information practices, and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Stepping Forward Counseling Center, LLC uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that is provided. For example, we may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

In any other situation my policy is to obtain your written authorization before disclosing your personal health information. If you provide SFCC with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of my Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that SFCC correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where SFCC have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that SFCC not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. SFCC will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that SFCC may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, you may send a written complaint to the US Department of Health and Human Services

REPORT A PATIENT SAFETY EVENT TO THE JOINT COMMISSION

Do you have a patient safety event or concern about a SFCC. As an accredited Mental Health facility you have the option to report any patient safety concerns you may have to the following www.jointcommission.org Fax 630-792-5636, E-mail: patientsafetyreport@jointcommission.org or mail to: OFFICE OF QUALITY and PATIENT SAFETY The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181

PATIENT INFORMATION CONSENT FORM

I have read and fully understand the Notice of Information Practices provided by Stepping Forward Counseling Center, LLC. I understand that Stepping Forward Counseling Center, LLC may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Notice of Information Practices provided by Stepping Forward Counseling Center, LLC. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name

Signature

Date

Receipt of Policies

Dear Parent/Guardian and Client:

Please sign below confirming that you have read and/or received copies of the following:
(Please see the Parent Orientation book in the lobby).

- ◆ Payment Authorization/Consent Procedures
- ◆ Notice of Privacy Practices/HIPPA
- ◆ Client Rights
- ◆ Client Complaint/Grievance Procedures
- ◆ Medical Clearance
- ◆ Safety Policy Crisis Intervention Prevention
- ◆ Permission to Photograph/Video/Audio Tape
- ◆ Client Procedures Handbook
- ◆ Confirmation of Participation in Comprehensive Mental Health & Assessment & Follow-up Treatment Meeting

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Stepping Forward Counseling Center’s Notice of the above information. I understand that if I have any questions regarding any of the information provided, I can contact Stepping Forward Counseling Center. My child has also been explained his/her rights and grievance procedures and understands the above.

I explained the rights and grievances to the client and he/she acknowledges an understanding of them.

Signature of Patient/Client **Date**

Signature of Parent, Guardian, or Personal Representative * **Date**

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member **Date**

Medication Management Quality Assurance Checklist

This checklist has been developed as a tool to evaluate and monitor areas pertaining to medication administration and pharmaceutical services provided at Stepping Forward Counseling Center. We would like you to participate in this portion of our program by providing us with your feedback regarding medication management.

	Yes	No	Comments
1. Is your child currently receiving medication? If so which medications?			
2. Does your child currently take any vitamins on a daily basis? If so, which ones?			
3. If your child is not receiving medication, do you feel he or she would benefit from beginning a medication regimen?			
4. If your child is on medication, has he or she been on medication for over 3 months?			
5. If your child is on medication, has he or she been on medication for less than 3 months?			
6. Have you noticed any change in your child's behavior since he or she has started using medication?			
7. If you have noticed a change in behavior, has it been a positive change? If "No," please explain.			
8. If not, do you think your child should still be taking the prescribed medication?			
9. Do you feel as though the medication is helping your child?			
10. Do you feel the dosage should be adjusted for your child?			
11. Do you feel involved with the medication management process?			
12. If you do not feel involved, do you want to be more involved with the process?			
13. What interventions were tried before medications were started?			
Please let us know if there are any additional questions or concerns you have regarding your child's medication, or lack of medication.			

STEPPING FORWARD COUNSELING CENTER, LLC

Child's Name _____

Parents, this survey is to be filled out by your child. If you have a child who is unable to read, please read it to them and have your child provide you with the answers. We appreciate your assistance.

Please follow the instructions below in order to help us create an individualized program just for you!

1. Please tell us what activities you have tried and or are interested in _____
_____.

2. In the lines provided, please tell us whether you like this activity or have ever tried it.

Yoga/Tai Chi _____

Art _____

Journaling _____

Talking to a trusted adult or friend _____

Board Games (Please specify which ones) _____

Sports (Please specify which ones) _____

Dance _____

Music (singing, listening, playing) _____

Acting/Drama Therapy _____

3. Please let us know if there are any activities you have not yet experienced but would like to try:

4. Is there anything else you would like us to know about you?

5. What would you like to learn about yourself at SFCC? _____

6. Please list 3 goals you would like to work on at SFCC?

1. _____

2. _____

3. _____

☺Thanks for participating ☺

STEPPING FORWARD COUNSELING CENTER, LLC

PARENT CHECKLIST (6th – 12th grade)

Name _____ Date _____

Child's name _____ Birthdate _____

Instructions: Based on your observations in various situations, rate your child's use of the following skills.

- Circle 1 if your child is *almost never* good at using the skill.
- Circle 2 if your child is *seldom* good at using the skill.
- Circle 3 if your child is *sometimes* good at using the skill.
- Circle 4 if your child is *often* good at using the skill.
- Circle 5 if your child is *almost always* good at using the skill.

1. **Listening:** Does your child listen when you or others talk to him/her? 1 2 3 4 5

Comments:

2. **Starting a Conversation:** Does your child begin conversations with other people? 1 2 3 4 5

Comments:

3. **Having a Conversation:** Does your child talk to others about things of interest to both of them? 1 2 3 4 5

Comments:

4. **Asking a Question:** Does your child know how and when to ask questions of another person? 1 2 3 4 5

Comments:

5. **Saying Thank You:** Does your child let others know that he/she is grateful for favors, etc.? 1 2 3 4 5

Comments:

6. **Introducing Yourself:** Does your child become acquainted with new people on his/her own? 1 2 3 4 5

Comments:

7. **Introducing Other People:** Does your child help others become acquainted with one another? 1 2 3 4 5

Comments:

8. **Giving a Compliment:** Does your child tell others that he/she likes something about them or something they have done? 1 2 3 4 5

Comments:

9. **Asking for Help:** Does your child request assistance when he/she is having difficulty? 1 2 3 4 5

Comments:

10. **Joining In:** Does your child take steps to become part of an ongoing activity or group? 1 2 3 4 5

Comments:

11. **Giving Instructions:** Does your child clearly explain to others how and why they should do something? 1 2 3 4 5

Comments:

12. **Following Instructions:** Does your child carry out instructions from others quickly and correctly? 1 2 3 4 5

Comments:

13. **Apologizing:** Does your child tell others he/she is sorry after doing something wrong? 1 2 3 4 5

Comments:

14. **Convincing Others:** Does your child attempt to persuade others that his/her ideas are better than theirs? 1 2 3 4 5

Comments:

15. **Knowing Your Feelings:** Does your child recognize which emotions he/she has at different times? 1 2 3 4 5

Comments:

16. **Expressing Your Feelings:** Does your child let others know which emotions he/she is feeling? 1 2 3 4 5

Comments:

17. **Understanding the Feelings of Others:** Does your child understand what other people are feeling? 1 2 3 4 5

Comments:

18. **Dealing with Someone Else's Anger:** Does your child try to understand someone else's anger without getting angry himself/herself? 1 2 3 4 5

Comments:

19. **Expressing Affection:** Does your child let others know that he/she cares about them? 1 2 3 4 5

Comments:

20. **Dealing with Fear:** Does your child figure out why he/she is afraid and do something to reduce the fear? 1 2 3 4 5

Comments:

21. **Rewarding Yourself:** Does your child say and do nice things for himself/herself when it is deserved? 1 2 3 4 5

Comments:

22. **Asking Permission:** Does your child understand when permission is needed and ask the right person for it? 1 2 3 4 5

Comments:

23. **Sharing Something:** Does your child offer to share what he/she has with others? 1 2 3 4 5

Comments:

24. **Helping Others:** Does your child give assistance to others who might need or want it? 1 2 3 4 5

Comments:

25. **Negotiating:** Does your child help arrive at a plan that satisfies both himself/herself and others who have taken different positions? 1 2 3 4 5

Comments:

26. **Using Self-Control:** Does your child control his/her temper so things do not get out of hand? 1 2 3 4 5

Comments:

27. **Standing Up for Your Rights:** Does your child assert his/her rights by letting other people know where he/she stands on an issue? 1 2 3 4 5

Comments:

28. **Responding to Teasing:** Does your child deal in a constructive way with being teased? 1 2 3 4 5

Comments:

29. **Avoiding Trouble with Others:** Does your child stay out of situations that might get him/her in trouble? 1 2 3 4 5

Comments:

30. **Keeping Out of Fights:** Does your child figure out ways other than fighting to handle difficult situations? 1 2 3 4 5

Comments:

31. **Making a Complaint:** Does your child disagree with others in acceptable ways? 1 2 3 4 5

Comments:

32. **Answering a Complaint:** Does your child try to arrive at a fair solution to someone else's justified complaint? 1 2 3 4 5

Comments:

33. **Being a Good Sport:** Does your child express an honest compliment to others about how they played a game? 1 2 3 4 5

Comments:

34. **Dealing with Embarrassment:** Does your child do things that help him/her feel less embarrassed or self-conscious? 1 2 3 4 5

Comments:

35. **Dealing with Being Left Out:** Does your child deal positively with being left out of some activity? 1 2 3 4 5

Comments:

36. **Standing Up for a Friend:** Does your child let other people know when a friend has not been treated fairly? 1 2 3 4 5

Comments:

37. **Responding to Persuasion:** Does your child think alternatives through before responding to persuasion from others? 1 2 3 4 5

Comments:

38. **Responding to Failure:** Does your child figure out the reasons he/she failed at something and how to correct the failure? 1 2 3 4 5

Comments:

39. **Dealing with Contradictory Messages:** Does your child recognize and deal with it when others say or do one thing but also indicate they mean something else? 1 2 3 4 5

Comments:

40. **Dealing with an Accusation:** Does your child figure out what he/she has been accused of, then use constructive ways of dealing with it? 1 2 3 4 5

Comments:

41. **Getting Ready for a Difficult Conversation:** Does your child plan on the best way to present his/her own point of view before a stressful conversation? 1 2 3 4 5

Comments:

42. **Dealing with Group Pressure:** Does your child decide what he/she wants to do when others are urging him/her to do something else? 1 2 3 4 5

Comments:

43. **Deciding on Something to Do:** Does your child deal with feeling bored by starting an interesting activity? 1 2 3 4 5

Comments:

44. **Deciding What Caused a Problem:** Does your child try to find out whether an event was caused by something under his/her control? 1 2 3 4 5

Comments:

45. **Setting a Goal:** Does your child realistically plan on what he/she would like to accomplish before starting a task? 1 2 3 4 5

Comments:

46. **Deciding on Your Abilities:** Does your child accurately figure out how well he/she might do at a particular task? 1 2 3 4 5

Comments:

47. **Gathering Information:** Does your child decide what he/she needs to know and how to get that information? 1 2 3 4 5

Comments:

48. **Arranging Problems by Importance:** Does your child realistically decide which of a number of problems is most important and should be dealt with first? 1 2 3 4 5

Comments:

49. **Making a Decision:** Does your child consider possibilities and make choices that he/she feels will be best? 1 2 3 4 5

Comments:

50. **Concentrating on a Task:** Does your child pay full attention to the task on which he/she is working? 1 2 3 4 5

Comments:

PARENT CHECKLIST (K- 5th Grade)

Name _____ Date _____

Child's name _____ Birthdate _____

Instructions: Based on your observations in various situations, rate your child's use of the following skills.

Circle 1 if the child is *almost never* good at using the skill.

Circle 2 if the child is *seldom* good at using the skill.

Circle 3 if the child is *sometimes* good at using the skill.

Circle 4 if the child is *often good* at using the skill.

Circle 5 if the child is *almost always* good at using the skill.

1. **Listening:** Does your child listen when you or others talk to him/her? 1 2 3 4 5

Comments:

2. **Asking for Help:** Does your child decide when he/she needs assistance and ask for this help in a pleasant manner? 1 2 3 4 5

Comments:

3. **Saying Thank You:** Does your child tell others he/she appreciates help given, favors, and so forth? 1 2 3 4 5

Comments:

4. **Bringing Materials to Class:** Does your child remember the books and materials he/she needs for school? 1 2 3 4 5

Comments:

5. **Following Instructions:** Does your child understand instructions and follow them? 1 2 3 4 5

Comments:

6. **Completing Assignments:** Does your child complete his/her homework assignments? 1 2 3 4 5

Comments:

7. **Contributing to Discussions:** Does your child participate in class discussions in accordance with classroom rules? 1 2 3 4 5

Comments:

8. **Offering Help to an Adult:** Does your child offer to help you at appropriate times and in an appropriate manner? 1 2 3 4 5

Comments:

9. **Asking a Question:** Does your child know how and when to ask a question of another person? 1 2 3 4 5

Comments:

10. **Ignoring Distractions:** Does your child ignore distractions in order to get his/her work done? 1 2 3 4 5

Comments:

11. **Making Corrections:** Does your child make the necessary corrections on assignments without getting overly frustrated? 1 2 3 4 5

Comments:

12. **Deciding on Something to Do:** Does your child find something to do when he/she has free time? 1 2 3 4 5

Comments:

13. **Setting a Goal:** Does your child set realistic goals for himself/herself and take the necessary steps to meet these goals? 1 2 3 4 5

Comments:

14. **Introducing Yourself:** Does your child introduce himself/herself in an appropriate way to people he/she doesn't know? 1 2 3 4 5

Comments:

15. **Beginning a Conversation:** Does your child know how and when to begin a conversation with another person? 1 2 3 4 5
Comments:
16. **Ending a Conversation:** Does your child end a conversation when it is necessary and in an appropriate manner? 1 2 3 4 5
Comments:
17. **Joining In:** Does your child know and practice acceptable ways of joining an ongoing activity or group? 1 2 3 4 5
Comments:
18. **Playing a Game:** Does your child play games with friends fairly? 1 2 3 4 5
Comments:
19. **Asking a Favor:** Does your child know how to ask a favor of another person in an appropriate way? 1 2 3 4 5
Comments:
20. **Offering Help to a Classmate:** Does your child recognize when someone needs or wants assistance and offer this help? 1 2 3 4 5
Comments:
21. **Giving a Compliment:** Does your child tell others that he/she likes something about them or something they have done? 1 2 3 4 5
Comments:
22. **Accepting a Compliment:** Does your child accept compliments given by adults or his/her peers in a friendly way? 1 2 3 4 5
Comments:

23. **Suggesting an Activity:** Does your child suggest appropriate activities to others? 1 2 3 4 5

Comments:

24. **Sharing:** Is your child agreeable to sharing things with others and, if not, does he/she offer acceptable reasons for not sharing? 1 2 3 4 5

Comments:

25. **Apologizing:** Does your child tell others sincerely that he/she is sorry for doing something? 1 2 3 4 5

Comments:

26. **Knowing Your Feelings:** Does your child identify feelings he/she is experiencing? 1 2 3 4 5

Comments:

27. **Expressing Your Feelings:** Does your child express his/her feelings in acceptable ways? 1 2 3 4 5

Comments:

28. **Recognizing Another's Feelings:** Does your child try to figure out in acceptable ways how others are feeling? 1 2 3 4 5

Comments:

29. **Showing Understanding of Another's Feelings:** Does your child show understanding of others' feelings in acceptable ways? 1 2 3 4 5

Comments:

30. **Expressing Concern for Another:** Does your child express concern for others in acceptable ways? 1 2 3 4 5

Comments:

31. **Dealing with Your Anger:** Does your child use acceptable ways to express his/her anger? 1 2 3 4 5

Comments:

32. **Dealing with Another's Anger:** Does your child try to understand another's anger without getting angry himself/herself? 1 2 3 4 5

Comments:

33. **Expressing Affection:** Does your child let others know in acceptable ways that he/she cares about them? 1 2 3 4 5

Comments:

34. **Dealing with Fear:** Does your child know why he/she is afraid and do positive things to reduce this fear? 1 2 3 4 5

Comments:

35. **Rewarding Yourself:** Does your child say and do nice things for himself/herself when a reward is deserved? 1 2 3 4 5

Comments:

36. **Using Self-Control:** Does your child know and use positive ways to control his/her temper or excitement? 1 2 3 4 5

Comments:

37. **Asking Permission:** Does your child know when and how to ask whether he/she may do something? 1 2 3 4 5

Comments:

38. **Responding to Teasing:** Does your child deal with being teased without losing control? 1 2 3 4 5

Comments:

39. **Avoiding Trouble:** Does your child stay away from situations that may get him/her into trouble? 1 2 3 4 5

Comments:

40. **Staying Out of Fights:** Does your child know of and practice socially appropriate ways of handling potential fights? 1 2 3 4 5

Comments:

41. **Problem Solving:** When a problem occurs, does your child think of alternatives, choose an alternative, then evaluate how well this solved the problem? 1 2 3 4 5

Comments:

42. **Accepting Consequences:** Does your child accept the consequences for his/her behavior without becoming defensive or upset? 1 2 3 4 5

Comments:

43. **Dealing with an Accusation:** Does your child deal in positive ways with being accused of something? 1 2 3 4 5

Comments:

44. **Negotiating:** Is your child willing to give and take in order to reach a compromise? 1 2 3 4 5

Comments:

45. **Dealing with Boredom:** Does your child select acceptable activities when he/she is bored? 1 2 3 4 5

Comments:

46. **Deciding What Caused a Problem:** Does your child assess what caused a problem and accept responsibility if appropriate? 1 2 3 4 5

Comments:

47. **Making a Complaint:** Does your child know how to express disagreement in acceptable ways? 1 2 3 4 5

Comments:

48. **Answering a Complaint:** Is your child willing to arrive at a fair solution to someone's justified complaint? 1 2 3 4 5

Comments:

49. **Dealing with Losing:** Does your child accept losing at a game or activity without becoming upset or angry? 1 2 3 4 5

Comments:

50. **Being a Good Sport:** Does your child give a sincere compliment to others about how they played a game? 1 2 3 4 5

Comments:

51. **Dealing with Being Left Out:** Does your child deal with being left out of an activity without losing control? 1 2 3 4 5

Comments:

52. **Dealing with Embarrassment:** Does your child know of things to do that help him/her feel less embarrassed or self-conscious? 1 2 3 4 5

Comments:

53. **Reacting to Failure:** Does your child figure out the reason(s) for his/her failure and ways he/she can be more successful the next time? 1 2 3 4 5

Comments:

54. **Accepting No:** Does your child accept being told no without becoming unduly upset or angry? 1 2 3 4 5

Comments:

55. **Saying No:** Does your child say no in acceptable ways to things he/she doesn't want to do or to things that may get him/her into trouble? 1 2 3 4 5

Comments:

56. **Relaxing:** Is your child able to relax when tense or upset? 1 2 3 4 5

Comments:

57. **Dealing with Group Pressure:** Does your child decide what he/she wants to do when others pressure him/her to do something else? 1 2 3 4 5

Comments:

58. **Dealing with Wanting Something That Isn't Yours:** Does your child refrain from taking things that don't belong to him/her? 1 2 3 4 5

Comments:

59. **Making a Decision:** Does your child make thoughtful choices? 1 2 3 4 5

Comments:

60. **Being Honest:** Is your child honest when confronted with a negative action? 1 2 3 4 5

Comments: