

Child Checklist of Concerns

If you are bringing your child to therapy, please mark all of the items that apply to your child. Feel free to add a note next to the checked issues. Number top three issues that concern you the most.

- | | |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Argues/talk back often | <input type="checkbox"/> Risky behaviors |
| <input type="checkbox"/> Bully (bullies other children or being bullied) | <input type="checkbox"/> Motivation, laziness |
| <input type="checkbox"/> Self-harming thoughts/behaviors | <input type="checkbox"/> Obsessions, compulsions (thoughts or actions that repeat themselves) |
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Oversensitivity to rejection |
| <input type="checkbox"/> Disobedient/uncooperative | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Attention, concentration, distractibility | <input type="checkbox"/> Pessimism |
| <input type="checkbox"/> Wetting the bed or clothes | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Low mood, sadness, crying | <input type="checkbox"/> Relationship problems (with other children/siblings/authority figures) |
| <input type="checkbox"/> Eating problems—overeating, under-eating, appetite, vomiting | <input type="checkbox"/> Academic problems |
| <input type="checkbox"/> Balance between academics and extracurricular activities | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Fatigue, tiredness, low energy | <input type="checkbox"/> Self-neglect, poor self-care |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Shyness, oversensitivity to criticism |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Sleep problems—too much, too little, insomnia, nightmares |
| <input type="checkbox"/> Fighting/aggressive behaviors | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Grieving, mourning, deaths, losses, divorce | <input type="checkbox"/> Temper problems, self-control, low frustration tolerance |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Inappropriate sexual behaviors/interest |
| <input type="checkbox"/> Housework/chores | <input type="checkbox"/> Withdrawal, isolating, loneliness |
| <input type="checkbox"/> Inferiority feelings | |
| <input type="checkbox"/> Adjustment to recent move/new marriage | |
| <input type="checkbox"/> Other concerns or issues: | |

Please look back over the concerns you have checked off and choose the top three that you or your child most needs help with.

1. _____
2. _____
3. _____