

## Intake Assessment Information

Client Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### 1. Presenting Problem

What concerns does the parent or parental caregiver have regarding the client child’s development, including behavior, emotional regulation, and relationship development?

Symptoms

- |  |  |
|--|--|
| <input type="checkbox"/> Anger control                       | <input type="checkbox"/> Excessive hyperactivity – unable to settle    |
| <input type="checkbox"/> Oppositional non-cooperation        | <input type="checkbox"/> Disorganized social – emotional behavior      |
| <input type="checkbox"/> Impulsive behavior                  | <input type="checkbox"/> Socio-emotionally withdrawn – timid - anxious |
| <input type="checkbox"/> Socially disconnected – not engaged | <input type="checkbox"/> Language Delays                               |
| <input type="checkbox"/> Cognitive developmental delays      | <input type="checkbox"/> Sexually precocious                           |
| <input type="checkbox"/> Sleep issues                        | <input type="checkbox"/> Feeding issues                                |
| <input type="checkbox"/> Other: _____                        |  |

### 2. Functional Impairment

Describe the symptom-impact on the child’s ability to function, progress developmentally as individually appropriate, or that will lead to a deterioration in developmental performance.

Areas of Impaired Functioning

- |  |   |
|--|---|
| <input type="checkbox"/> Home: social-family functioning   | <input type="checkbox"/> School: social-peer functioning                    |
| <input type="checkbox"/> Home: accepting authority direction   | <input type="checkbox"/> School: accepting authority direction              |
| <input type="checkbox"/> Home: self-care skills  | <input type="checkbox"/> School: participation in curriculum activity       |
| <input type="checkbox"/> Social: significant risk of peer social failure   | <input type="checkbox"/> School: significant risk of early academic failure |
| <input type="checkbox"/> Community: high risk behavior; needs extensive supervision beyond developmentally expectable levels |   |
| <input type="checkbox"/> Other: _____  |   |

NAME:

DOB:

### 3. Current Family Information

Caregiver Causal Attribution: How does the parent or parental caregiver understand the cause(s) of the client child's problem? "What do you think is causing this problem?"

Areas of Caregiver Causal Attribution

- Unknown: does not offer an attribution
- Child: internal developmental (e.g., cognitive delays, neurological development, etc.)
- Child: internal descriptive (e.g., can't control himself, is just too anxious, etc.)
- Child: internal trait (e.g., stubborn, has a bad temper, etc.)
- Child: internal motivational (e.g., just refuses, doesn't want to, etc.)
- Current Caregiver: lack of skill or knowledge
- History: pathogenic care (e.g., history of child abuse/neglect, domestic violence)
- History: prenatal exposure to toxins (e.g., drugs, alcohol, etc.)
- History: disrupted early relationships (e.g., divorce, frequent caregiver changes, etc.)
- History: poor prior parenting (e.g., no limits, no affection, etc.)
- Other: \_\_\_\_\_

3. Current Family Environment: Identify the current family structure and relevant factors within the client child's current living situation

NAME:

DOB:

**4. Family History**

Prior Family History: Describe relevant factors in the client child’s family history (e.g., family history of abuse, drug/alcohol use by parents or parental caregivers, family history of psychiatric problems, history of disrupted family relationships, domestic violence, etc).

Areas of Prior Family History

<input type="checkbox"/> Unknown: current caregiver does not have information about client child’s prior family history		
<input type="checkbox"/> Client: history of pathogenic physical abuse	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Client: history of pathogenic neglect	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Client: history of sexual abuse	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Client: prenatal exposure to alcohol	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Client: prenatal exposure to methamphetamine	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Client: prenatal exposure to other toxins	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Client: <b>early childhood exposure</b> to drug/alcohol <b>environment</b>	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Client: history of significant medical involvement	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Family: seriously disrupted family relationships	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Family: positive <u>family history</u> (1 <sup>st</sup> degree family) of psychiatric disorder	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Family: positive <u>family history</u> (parental hx) of physical abuse	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Family: positive <u>family history</u> (parental hx) of sexual abuse	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Family: positive <u>family history</u> (parental hx) of drug/alcohol abuse	<input type="checkbox"/> suspected	<input type="checkbox"/> confirmed
<input type="checkbox"/> Other:		

NAME:

DOB:

**School & Social History**

5. **School History:** Describe relevant factors in the client’s school history (e.g., preschool participation, caregiver/teacher reports of behavior problems, aggression, disruption, non-participation/non-cooperation).

Areas of School History

- Unknown: current caregiver does not have information about client child’s prior school history
- Currently in preschool ?     Yes     No                      Currently in kindergarten ?     Yes     No
- Prior preschool?                       Yes     No

School Problems

- No current problems     No prior problems
- Reported current risk of school suspension/expulsion                       Prior school suspensions

Symptoms displayed in school

- |   |  |
|---|--|
| <input type="checkbox"/> Anger control problems             | <input type="checkbox"/> Oppositional / non-cooperation with authority |
| <input type="checkbox"/> Aggression                         | <input type="checkbox"/> Non-participation in curriculum activities    |
| <input type="checkbox"/> Disruptive-disorganized behavior   | <input type="checkbox"/> Anxious –timid – socially withdrawn           |
| <input type="checkbox"/> Impulsive                          | <input type="checkbox"/> Excessive sadness - crying                    |
| <input type="checkbox"/> Socially disengaged (PDD spectrum) | <input type="checkbox"/> Other:  |

6. **Social History:** Describe relevant factors in the clients social history (e.g., problems relating to siblings & peers; including aggression, social withdrawal, excessive timidity, etc.)

Areas of Social History

Social problems Problems	
<input type="checkbox"/> No current problems	<input type="checkbox"/> Language – Communication problems
<input type="checkbox"/> Anger control problems	<input type="checkbox"/> Anxious –timid – socially withdrawn
<input type="checkbox"/> Aggression	<input type="checkbox"/> Socially disengaged (PDD spectrum)
<input type="checkbox"/> Other:	

NAME:

DOB:

**7. Developmental & Medical History**

Developmental-Medical History: Describe relevant developmental and medical factors in the client child's history (e.g., delays in reaching developmental milestones, significant injuries, illnesses, allergies, multiple ear infections, etc.)

Areas of Prior Developmental-Medical History

Birth complications:       yes       no       unknown  
 (if yes, describe) \_\_\_\_\_

Developmental Milestones	(typical range)		
<input type="checkbox"/> Unknown: current caregiver does not have information about the child's reaching developmental milestones			
Age when first sat	_____ (5-9 months)	<input type="checkbox"/> not reached yet	<input type="checkbox"/> unknown
Age when first crawled	_____ (6-11 months)	<input type="checkbox"/> not reached yet	<input type="checkbox"/> unknown
Age when first walked	_____ (9-17 months)	<input type="checkbox"/> not reached yet	<input type="checkbox"/> unknown
Age of first words	_____ (10-15 months)	<input type="checkbox"/> not reached yet	<input type="checkbox"/> unknown
Age of two-word phrases	_____ (20-30 months)	<input type="checkbox"/> not reached yet	<input type="checkbox"/> unknown
Age of toilet training	_____ (24-36 months)	<input type="checkbox"/> not reached yet	<input type="checkbox"/> unknown
Other reported delay in reaching developmental milestones: _____			

**Medical Issues**

No history of significant medical involvement       Unknown medical history

History of significant medical involvement

Significant illnesses \_\_\_\_\_

Significant injuries \_\_\_\_\_

Significant surgeries/treatments \_\_\_\_\_

Current prescribed medications \_\_\_\_\_

Other: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**8. Functioning – Meeting the Demands of Activity**

Challenges: Ask the parental caregiver to describe what things it’s hard for the child to do (“what are hard things the child doesn’t like to do?”)

Strengths: Ask the parental caregiver to describe what things the child likes to do (“what are things the child especially likes to do?”)

Organization: Ask the parental caregiver to rate the child’s ability to organize play/activity (“when the child has to organize his or her play, how would you rate the child’s ability to organize toys and play with others?”)

1	2	3	4	5	6	7
Highly rigid; inflexible organization			Flexibly organized			Highly fluid; lost, confused disorganized

Feeding-oral sensory-motor: Ask the parental caregiver to describe the child’s mealtime preferences and activity (how does the child do? does the child feed self? avoid foods? food preferences?)

Oral-sensory-motor: Ask the parental caregiver to describe the child’s brushing teeth (does the child allow caregiver to brush child’s teeth/move brush? or does the child just suck on the brush?)

Motor Organization: Is the child clumsy – prone to accidents?

yes                       no                       unknown

Typical Day: Ask the parental caregiver to describe a typical day

Awaken time		Bedtime
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NAME:

DOB:

**9. Mental Status**

Appearance

- well groomed & satisfactory       unkempt       poor       neglected

Build

- average       healthy       underweight       thin - petite       stocky

Eye contact

- good - normal       fleeting       avoided       brief contact quickly broken

Alert/Oriented

- alert and oriented       tired       inattentive/distracted

Activity Level

- alert       slowed       agitated  
 restless       cautious       clumsy

Attitude – Interpersonal Style

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> cooperative           | <input type="checkbox"/> uncooperative      | <input type="checkbox"/> angry – hostile                                   |
| <input type="checkbox"/> congenial             | <input type="checkbox"/> guarded            | <input type="checkbox"/> negativistic/critical                             |
| <input type="checkbox"/> engaging              | <input type="checkbox"/> quiet/withdrawn    | <input type="checkbox"/> unconcerned/haphazard                             |
| <input type="checkbox"/> friendly/polite       | <input type="checkbox"/> distant/disengaged | <input type="checkbox"/> hurried   |
| <input type="checkbox"/> relaxed/unconcerned   | <input type="checkbox"/> dependent          | <input type="checkbox"/> resistant and defensive                           |
| <input type="checkbox"/> interested/thoughtful | <input type="checkbox"/> apathetic/careless | <input type="checkbox"/> lethargic   |
| <input type="checkbox"/> motivated/focused     | <input type="checkbox"/> anxious            | <input type="checkbox"/> needed considerable<br>reinforcement and soothing |
| <input type="checkbox"/> calm                  | <input type="checkbox"/> shy - timid        | <input type="checkbox"/> _____   |
| <input type="checkbox"/> passive/unassertive   | <input type="checkbox"/> overly friendly    | <input type="checkbox"/> _____   |

Mood & Affect

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> normal               | <input type="checkbox"/> sad                     | <input type="checkbox"/> irritated              |
| <input type="checkbox"/> calm and composed    | <input type="checkbox"/> depressed               | <input type="checkbox"/> angry                  |
| <input type="checkbox"/> upbeat and elevated  | <input type="checkbox"/> bored and disinterested | <input type="checkbox"/> agitated               |
| <input type="checkbox"/> relaxed - untroubled | <input type="checkbox"/> reserved                | <input type="checkbox"/> distrustful/suspicious |
| <input type="checkbox"/> pleasant             | <input type="checkbox"/> anxious                 | <input type="checkbox"/> apathetic              |
| <input type="checkbox"/> happy                | <input type="checkbox"/> shy - timid             | <input type="checkbox"/> _____                  |

Affective quality

- Stability (stable, fixed, labile)
  - Range (constricted, full)
  - Appropriateness (to content of speech and circumstances)
  - Intensity (flat, blunted, exaggerated)
- |  |   |
|--|---|
| <input type="checkbox"/> concordant (fits with the situation)            | <input type="checkbox"/> appropriate (follows sensibly from precipitating stimulus) |
| <input type="checkbox"/> full range (normal variation)                   | <input type="checkbox"/> stable (normal movement between emotions)                  |
| <input type="checkbox"/> restricted (limited variability)                | <input type="checkbox"/> labile (sudden/rapid shifts in type or intensity)          |
| <input type="checkbox"/> blunted (few emotions expressed, low intensity) | <input type="checkbox"/> flat (affect is even less intense than blunted)            |
|  | <input type="checkbox"/> exaggerated intensity                                      |

NAME:
DOB:

**9. Mental Status (cont)**

Speech

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> fluent/easy to understand | <input type="checkbox"/> slowed - impoverished   | <input type="checkbox"/> broken                                 |
| <input type="checkbox"/> understandable/clear      | <input type="checkbox"/> offered in a loud voice | <input type="checkbox"/> mumbled                                |
| <input type="checkbox"/> normal rate/volume        | <input type="checkbox"/> soft-spoken - whispered | <input type="checkbox"/> stuttering                             |
| <input type="checkbox"/> coherent/meaningful       | <input type="checkbox"/> mute                    | <input type="checkbox"/> poor articulation - hard to understand |
| <input type="checkbox"/> animated/confident        | <input type="checkbox"/> abundant/excessive      | <input type="checkbox"/> pressured/fast-paced                   |

Conversation

- no difficulties       could initiate and hold       able to comprehend questions       unwilling to engage

Thought Process

- |   |  |
|---|--|
| <input type="checkbox"/> age-appropriate  | <input type="checkbox"/> clear/understandable  |
| <input type="checkbox"/> no difficulty explaining thoughts and finding words  | <input type="checkbox"/> coherent (thought process is apparent and understandable)   |
| <input type="checkbox"/> goal-directed (thinking stays on target)   | <input type="checkbox"/> tight associations (one thought sensibly leads to another reasonable thought)   |
| <input type="checkbox"/> poorly organized/difficult to follow most of time  | <input type="checkbox"/> confusing/difficult to follow   |
| <input type="checkbox"/> loose associations (=one thought leads to another somewhat less reasonable thought)  | <input type="checkbox"/> rambling (thoughts appear nonsensical, unrelated to one another; complete loosening of associations)                                      |
| <input type="checkbox"/> perseveration (child continues to repeat idea, phrase, or word; trouble shifting to a new idea)  | <input type="checkbox"/> echolalia (child merely repeats what is said to him /her)   |
| <input type="checkbox"/> neologisms (nonsense words or real words nonsensically; e.g. "I frinish the cot," "I table the stairs")  | <input type="checkbox"/> word salad (totally incomprehensible, gibberish, real words may be admixed with neologisms)   |
| <input type="checkbox"/> circumstantiality (unnecessary digression, wanders from point, with unreasonably excessive detail, but eventually returns to the main "stream" of thought)                             | <input type="checkbox"/> tangentiality (same as circumstantiality, but does not return to the original main "stream" of thought)                                   |
| <input type="checkbox"/> blocking (stream of processing seems to stop suddenly, child may suddenly stop speaking; can be an arrest in thought, or internal material grabbing child's attention (hallucinatory)) | <input type="checkbox"/> clang association (where one word follows the next based only on rhyming; e.g. "I want to say the play of the day, ray, stay, may I pay") |

**17. Culture & Diversity**

- Not a prominent factor in this case       Culture & diversity **are** prominent factors in this case

Language spoken in the home: \_\_\_\_\_ Preferred language for tx: \_\_\_\_\_

Emigration issues     Yes     No                       Cultural identification: \_\_\_\_\_

Relevant culture and diversity factors:

Factors related to sexual orientation     Yes     No

NAME:

DOB:



**10. Diagnostic Formulaion**

From the initial intake information available, organize the child’s symptom and history information into an initial case formulation regarding the likely nature and origin of the child’s symptom presentation.

Areas of Diagnostic Formulation

- No diagnosis is warranted at this time
- Disorder of Relating and Communicating (Autism spectrum)
  - Probable             Possible             Not indicated
- Affective-Behavioral Regulation Disorder (ADHD spectrum – Impulse Control/Explosive)
  - Probable             Possible             Not indicated
  - Prominent symptom presentation
  - Affective dyscontrol (angry/aggressive)     Behavioral dyscontrol (hyperactivity)
  - Motivational dyscontrol (impulsive)         Behavioral disorganization (fleeting behavioral engagement)
- Attachment Disorder of Early Childhood (Reactive Attachment Disorder spectrum)
  - Probable             Possible             Not indicated
- High Protest Signaling (Oppositional Defiant Disorder spectrum)
  - Probable             Possible             Not indicated
- Disorder of Traumatic Stress (victim of sexual abuse, physical abuse, domestic violence, community violence, etc.)
  - Probable             Possible             Not indicated
  - Prominent symptom presentation
  - Affective dyscontrol (angry/aggressive)     Behavioral dyscontrol (hyperactivity)
  - Motivational dyscontrol (impulsive)         Behavioral disorganization (fleeting behavioral engagement)
  - Socially Withdrawn                             Anxious - timid
  - Sexually precocious                             Bizarre behavior
- Depressive Disorder Spectrum
  - Probable             Possible             Not indicated
- Anxiety Disorder Spectrum
  - Probable             Possible             Not indicated
- Delayed Language Acquisition
  - Probable             Possible             Not indicated

NAME:

DOB:

**11. Strength – Resiliency – Protective Factors**

What areas are strengths for the client and caregiving family

- Child: estimated average or above average cognitive ability
- Child: average or above average language skills
- Child: socially available and engaging
- Child: curious, engaged, and exploratory of the environment
- Child: cooperative with adult direction
- Child: bright engaging affect
- History: history of secure attachment relationships
- Support: current availability of a secure attachment relationship
- Support: current active involvement of skilled and responsive caregivers
- Support: stable caregiving environment
- Support: current availability of affectionate sibling bonds
- Support: participating in a preschool setting
- Support: economic advantage
- \_\_\_\_\_
- \_\_\_\_\_

**12. Recommended Disposition**

What is the recommended disposition for this case

- Child MH treatment       Collateral MH treatment       Psychological evaluation
- OT evaluation       Speech & Language evaluation       Referral for neurological evaluation
- Referral to SELPA       Referral to IRC       Referral for medication evaluation
- \_\_\_\_\_
- \_\_\_\_\_
- No additional treatment through the Center is indicated at this time
  - Does not meet medical necessity       Already in mental health treatment
- Parental caregiver declines treatment at this time

Signature	Printed Name	Date
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Signature	Printed Name	Date
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NAME:  DOB:
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**13. DSM-IV Diagnosis**

**Date** \_\_\_\_\_

Axis I \_\_\_\_\_  
\_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_  
\_\_\_\_\_

Axis IV \_\_\_\_\_  
\_\_\_\_\_

Axis V \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date

**DSM-IV Diagnosis Change**

Date \_\_\_\_\_

Axis I \_\_\_\_\_  
\_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_  
\_\_\_\_\_

Axis IV \_\_\_\_\_  
\_\_\_\_\_

Axis V \_\_\_\_\_  
\_\_\_\_\_

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DOB: