Screener Questions

Name:

Parents Names:

Address:

Phone Number:

Age:

Reason for referral:

At what age did the problems start?

Formal diagnosis?

What areas of their life are affected by problem behaviour:

On a scale of 1-10, 1 being not a problem for client at all and 10 being behaviour is problematic for client all day every day where would you rate your child?

1---2---3---4---5---6---7---8—9---10

When was their last medical appointment for this problem?

Where are the issues presenting? School Home Community Other

Are they Physically/ Verbally Aggressive towards Peers Parents Siblings Teachers Others:

Have they ever been to a group or therapy for these problems in the past?