Bien Être Psychiatry

Child & Adolescent Screening Form (Ages 6-17)

To be completed by parent/guardian

Child's Name: _____ DOB: _____

Parent/Guardian Completing Form: _____

Date: _____

A Few Words Before You Begin

Thank you for taking the time to complete this form. We understand that every child has strengths as well as challenges. Your observations help us better understand your child's emotional, behavioral, social, and academic functioning. There are no right or wrong answers.

Please rate how much each concern has affected your child during the **past month**.

Emotional Health

Concern	0	1	2	3	4
Seems sad, down, or depressed	☐	☐	☐	☐	☐
Worries excessively	☐	☐	☐	☐	☐
Appears nervous or anxious	☐	☐	☐	☐	☐
Cries easily or frequently	☐	☐	☐	☐	☐
Low confidence or self-esteem	☐	☐	☐	☐	☐

Attention & Executive Function

Concern	0	1	2	3	4
Difficulty paying attention	☐	☐	☐	☐	☐
Easily distracted	☐	☐	☐	☐	☐
Difficulty organizing work	☐	☐	☐	☐	☐

Forgetful or loses things	☐	☐	☐	☐	☐
Difficulty completing tasks	☐	☐	☐	☐	☐

Behavior & Emotional Regulation

Concern	0	1	2	3	4
Irritable or easily frustrated	☐	☐	☐	☐	☐
Frequent arguments or defiance	☐	☐	☐	☐	☐
Anger outbursts	☐	☐	☐	☐	☐
Impulsive behavior	☐	☐	☐	☐	☐
Difficulty accepting limits	☐	☐	☐	☐	☐

Social Functioning

Concern	0	1	2	3	4
Difficulty making friends	☐	☐	☐	☐	☐
Social anxiety or avoidance	☐	☐	☐	☐	☐
Conflict with peers	☐	☐	☐	☐	☐
Prefers isolation	☐	☐	☐	☐	☐

School Functioning

Concern	0	1	2	3	4
Academic performance concerns	☐	☐	☐	☐	☐
Homework completion difficulties	☐	☐	☐	☐	☐
School attendance concerns	☐	☐	☐	☐	☐
Teacher concerns reported	☐	☐	☐	☐	☐

Sleep & Daily Functioning

Concern	0	1	2	3	4
Difficulty falling asleep	☐	☐	☐	☐	☐
Frequent night awakenings	☐	☐	☐	☐	☐
Excessive daytime fatigue	☐	☐	☐	☐	☐
Appetite concerns	☐	☐	☐	☐	☐

OCD, Tics & Sensory Concerns

Concern	0	1	2	3	4
Repetitive thoughts or worries	☐	☐	☐	☐	☐
Repetitive behaviors/checking	☐	☐	☐	☐	☐
Motor or vocal tics	☐	☐	☐	☐	☐
Sensory sensitivities	☐	☐	☐	☐	☐

Safety

Has your child ever:

☐Expressed thoughts of self-harm?☐ Expressed thoughts of suicide?

☐ Engaged in self-injurious behavior?☐ Made threats toward others?

Additional Comments

_____

_____

Parent/Guardian Signature: _____

Date: _____