

A. Professional help

Why are you seeking professional help for your child?

B. Goals

What would you like to achieve, together with the practitioner ?

Goal 1:

Possibly goal 2:

Possibly goal 3:

C. Improvement

When there is improvement, what would be the first sign of it? What would be a first, little step?

D. Moments of improvement

Has there been a small improvement lately? If so, what helped?

E. Strengths

Mention 3 of your child's strengths, like characteristics or skills that he or she is good at.

- 1.
- 2.
- 3.

F. Reason for application		
What is the reason for seeking help, to what is it related? (tick where appropriate, you can tick more than one answer)		
X	Reason	Examples
	1. Learning	Learning difficulties, arithmetic, dyslexia, bad school results, can't keep up with school
	2. Concentration	Can't concentrate, easily distracted, doesn't pay attention
	3. Feeling/mood	Depressed, doesn't feel like doing anything, restless, doesn't see a way out
	4. Fear	Anxious, tense, afraid of being abandoned, afraid of darkness, afraid of other people, compulsive behaviour
	5. Self-image	Negative self-image, little self-confidence, insecure, little self-esteem
	6. Health/food/sleep	Inexplicable headache or stomach-ache, dizziness, excessive tiredness, takes too much or too little food, overweight, sleeping problems
	7. Relationships with peers	Only a few or no friends, is being teased a lot, afraid of other children, fights a lot with other children
	8. Communication	Lives in his own world, oddity, is keeping aloof, limited interest, one-way communication
	9. Development	Is keeping behind emotionally, too dependent, isn't toilet-trained yet, motor coordination problems
	10. Behaviour	Unruly child, rowdy character, overactive, protesting a lot, impudent, arguing, hard to handle, aggressive
	11. Delinquent behaviour	Lying, stealing, vandalism, arson, drug abuse
	12. Relations within the family	Can't get along with father, mother, brother or sister, stepfather, stepmother, stepbrother or stepsister
	13. Divorce	Difficulty with divorce, problems with visiting agreement, no contact with father or mother because of divorce
	14. Adoption/foster home	Difficulties related to adoption or foster home placement
	15. Mourning	Loss of a parent, family member, loved one
	16. Post traumatic stress	Has witnessed or has been involved in a serious accident or act of violence, incest, sexual abuse or maltreatment
	17 Thought problems	Hears voices, sees imaginary things, unusual thoughts
	18. Something else, namely:	

G. Scale Questions										
In order to get a good picture of your child's abilities, we ask you to evaluate every question with a number.										
0=extremely poor or never - 10=extremely good or always										
Place a circle around the chosen number from scale 0-10 and please don't leave out any questions.										
For example: the last 3 months your child was sleeping most of the times very well and woke up only once in a while.										
You can answer question 6 by placing a circle around number 8:										
6. My child gets enough sleep at night and wakes up refreshed										
0	1	2	3	4	5	6	7	8	9	10
Attention: You can only place a circle around one number.										
If you can't choose between two numbers, than you take the average.										
For example: if your child is sleeping very well (number: 8) and another week s/he is waking up regularly en is coming out of bed (number: 4), than you take the average: number 6										

Very poor/never

Very good/always

1. My child stands up for himself when relating to other children

0	1	2	3	4	5	6	7	8	9	10
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2. My child feels accepted by me

0	1	2	3	4	5	6	7	8	9	10
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3. My child takes regular exercise and engages enough in sport

0	1	2	3	4	5	6	7	8	9	10
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4. Even when things aren't going well, my child perseveres

0	1	2	3	4	5	6	7	8	9	10
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5. My child succeeds in making friends

0	1	2	3	4	5	6	7	8	9	10
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6. My child gets enough sleep at night and wakes up refreshed

0	1	2	3	4	5	6	7	8	9	10
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7. My child respects me

0	1	2	3	4	5	6	7	8	9	10
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8. My child is happy with his/her appearance

0	1	2	3	4	5	6	7	8	9	10
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9. My child can climb and balance well

0	1	2	3	4	5	6	7	8	9	10
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10. My child can peacefully read a book

0	1	2	3	4	5	6	7	8	9	10
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11. My child is good at solving conflicts with other children

0	1	2	3	4	5	6	7	8	9	10
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12. My child maintains good personal cleanliness (toilet-trained during day)

0	1	2	3	4	5	6	7	8	9	10
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13. My child and I can talk well to each other

0	1	2	3	4	5	6	7	8	9	10
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14. My child expresses his/her disagreement while playing with other children

0	1	2	3	4	5	6	7	8	9	10
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15. My child looks healthy

0	1	2	3	4	5	6	7	8	9	10
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16. My child can concentrate well on a task

0	1	2	3	4	5	6	7	8	9	10
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17. My child shows interest in other children

0	1	2	3	4	5	6	7	8	9	10
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18. My child knows what is right and wrong

0	1	2	3	4	5	6	7	8	9	10
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19. The atmosphere in our family is good

0	1	2	3	4	5	6	7	8	9	10
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20. My child has self-confidence

0	1	2	3	4	5	6	7	8	9	10
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Very poor/never

Very good/always

21. My child is good in shape and is fit for playing games and sport

0	1	2	3	4	5	6	7	8	9	10
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22. My child is good at looking after his/her possessions

0	1	2	3	4	5	6	7	8	9	10
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23. My child is good at co-operating with other children

0	1	2	3	4	5	6	7	8	9	10
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24. My child is polite to adults

0	1	2	3	4	5	6	7	8	9	10
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25. My child accepts a 'reprimand' or small punishment by me

0	1	2	3	4	5	6	7	8	9	10
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26. My child has a positive self-image

0	1	2	3	4	5	6	7	8	9	10
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27. My child is a normal weight for his/her age and height

0	1	2	3	4	5	6	7	8	9	10
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28. Even if there are distractions, my child can concentrate on his/her task

0	1	2	3	4	5	6	7	8	9	10
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29. My child regularly has arrangements to play with peers

0	1	2	3	4	5	6	7	8	9	10
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30. My child is independent considering his age

0	1	2	3	4	5	6	7	8	9	10
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31. If something is bothering my child, s/he comes to me to talk it over

0	1	2	3	4	5	6	7	8	9	10
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32. My child is self-confident in new situations

0	1	2	3	4	5	6	7	8	9	10
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33. My child enjoys sport

0	1	2	3	4	5	6	7	8	9	10
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34. My child does his homework with care and precision

0	1	2	3	4	5	6	7	8	9	10
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35. My child handles teasing by other children

0	1	2	3	4	5	6	7	8	9	10
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36. My child has learned to control anger, adequately for his/her age

0	1	2	3	4	5	6	7	8	9	10
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37. My child is nice to me

0	1	2	3	4	5	6	7	8	9	10
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38. My child is cheerful

0	1	2	3	4	5	6	7	8	9	10
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39. My child is physically healthy

0	1	2	3	4	5	6	7	8	9	10
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40. My child finishes a task once s/he has started

0	1	2	3	4	5	6	7	8	9	10
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Very poor/never

Very good/always

41. My child has sufficient friends of his/her own age

0	1	2	3	4	5	6	7	8	9	10
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42. My child keeps to the basic school rules

0	1	2	3	4	5	6	7	8	9	10
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43. I know my child, I know what's going on with him/her

0	1	2	3	4	5	6	7	8	9	10
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44. My child is happy within himself/herself

0	1	2	3	4	5	6	7	8	9	10
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45. My child stops eating when s/he has enough

0	1	2	3	4	5	6	7	8	9	10
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46. My child is generally calm

0	1	2	3	4	5	6	7	8	9	10
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47. My child is friendly towards children

0	1	2	3	4	5	6	7	8	9	10
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48. My child achieves good school results

0	1	2	3	4	5	6	7	8	9	10
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49. I have enough influence over my child

0	1	2	3	4	5	6	7	8	9	10
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50. My child has a good self-esteem

0	1	2	3	4	5	6	7	8	9	10
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51. My child can climb and balance well

0	1	2	3	4	5	6	7	8	9	10
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52. My child had the patience to do his/her homework

0	1	2	3	4	5	6	7	8	9	10
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53. My child has fun with peers

0	1	2	3	4	5	6	7	8	9	10
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54. My child has healthy appetite

0	1	2	3	4	5	6	7	8	9	10
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55. We get on well together in our family

0	1	2	3	4	5	6	7	8	9	10
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56. My child adapts to new situations very quickly

0	1	2	3	4	5	6	7	8	9	10
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57. My child is confident with his achievements in sports

0	1	2	3	4	5	6	7	8	9	10
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58. If my child has several things to do, he thinks and plans before s/he starts

0	1	2	3	4	5	6	7	8	9	10
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59. My child gets on well with classmates

0	1	2	3	4	5	6	7	8	9	10
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60. My child goes to school happily

0	1	2	3	4	5	6	7	8	9	10
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H. Miscellaneous

If there are other important issues about your child or your family, which haven't been mentioned in this questionnaire, please feel free to write them below.

Evaluation of this questionnaire.

By answering the two questions below. You will help us to evaluate and improve this questionnaire.

61. I found the questions in this questionnaire significant

0	1	2	3	4	5	6	7	8	9	10
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62. I am confident that this questionnaire provides an accurate image of my child

0	1	2	3	4	5	6	7	8	9	10
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Thank you for completing this questionnaire!

The information about your child will be kept strictly confidential.

