**Mental Health Assessment Form for Child**

**Child's Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavioral and Emotional Concerns**

1. **Has your child shown signs of mood swings?**
	* **☐ Yes**
	* **☐ No**
2. **Has your child had difficulty focusing on schoolwork?**
	* **☐ Yes**
	* **☐ No**
3. **How often does your child seem anxious or worried?**
	* **☐ Often**
	* **☐ Sometimes**
	* **☐ Rarely**
	* **☐ Never**
4. **Does your child have trouble sleeping or frequent nightmares?**
	* **☐ Yes**
	* **☐ No**

**Social and Developmental Factors**

| **Areas of Concern** | **Often** | **Sometimes** | **Rarely** | **Never** |
| --- | --- | --- | --- | --- |
| **Difficulty making friends** | **☐** | **☐** | **☐** | **☐** |
| **Outbursts of anger** | **☐** | **☐** | **☐** | **☐** |
| **Trouble following rules** | **☐** | **☐** | **☐** | **☐** |
| **Shy or withdrawn** | **☐** | **☐** | **☐** | **☐** |

**Parent/Guardian Comments**

**Signature of Parent/Guardian**

* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**