



Behavioral Consult Screening Questionnaire for Parents

Please summarize your concerns:

When did these difficulties begin?

How has this affected your child's school work?

How does this affect relationships and the functioning of your family?

How are your child's social relationships in school, sports, church or other situations?

Does your child receive any accommodations at school?

Has your child been evaluated or treated before this for a similar condition? Was treatment provided?

Are there significant stressors in the family that may be contributing to a change in behavior such as separation, divorce, loss of work, sibling discord or other?

Additional info you wish to provide:

Questions reviewed and safety/anticipatory guidance provided to family _____
Clinician Initials