

Sunshine's Child Assessment Form *optional, if returning; update as needed

The information on this form will help Sunshine to understand your child's needs and assist us in the development and delivery of successful prevention programs. All information is completely confidential and filling it out is voluntary.

Child's Name _____ Age _____ Grade _____ DOB _____

Your relation to child: Biological parent _____ Step parent _____ Grandparent _____ Adoptive parent _____
Foster parent _____ Relative _____ Other _____ (explain) _____

What attracted you to this program? _____

What are you hoping for your child to get out of this program? _____

Family Makeup (Who lives within your household, such as two parents, siblings, etc) _____

Are you aware of any family factors affecting your child?

Divorce _____ Trauma _____ Abuse _____ Loss _____ Other _____

Does your child have any illness, disability, or diagnosis you want to make us aware of?

Physical _____

Developmental _____

Psychological _____

Please check any of the following behavior challenges or situations that your child has:

Anxiety _____ Aggressive behaviors _____ Depression _____ Other (please explain) _____

How does your child relate in social situations?

Very comfortable with others _____ Comfortable only with familiar people _____ Very shy with everyone (even family) _____

How does your child express his/her feelings?

Freely talks about how s/he feels _____ Tends to keep feelings to himself/herself _____ Acts out and gets angry or hostile _____

How does your child express his/her anger?

Acts aggressively (hits, punches, yells) _____ Sulks or cries but does not say anything _____

Gets revenge either right away or later _____

Please list any specific concerns you have with your child _____

Rate your child's self-esteem Low _____ Average _____ High _____

How well does your child communicate? (check one that applies)

Very Verbal _____ Verbally but lacks skills _____ Non verbal _____

How does your child respond to peer pressure?

Easily persuaded to do bad or unhealthy things _____ Able to resist some of the time but not always _____

Has appropriate skills for refusing to engage in negative behaviors _____

Has your child had any academic or other problems in school? Yes _____ No _____

Please explain _____

Please describe the best things about your child _____

Does your child tend to act like a bully? Never _____ Once in awhile _____ Often _____ Most of the time _____

To your knowledge has your child been teased? Mildly _____ Somewhat _____ Extreme _____

How does your child respond to teasing and bullying?

Acts aggressively (hits, punches, yells) _____ Sulks or cries but does not say anything _____

Gets revenge either right away or later _____

Parent Name (Print) _____

Signature _____ Date _____