Collaborative Counseling Center

Working together to inspire change and promote growth

Group Intake and Screening Form (To be completed by child's parent/guardian)

Date: _____

Parent's Name(s): _____

Child's Name: _____ DOB: _____

School: _____ Grade: _____

Address: _____

Contact Number: _____ Email: _____

How did you hear about this group? _____

Child's Educational Placement: (mainstream, special education class, regular education…)

_____

Does your child have a mental health diagnosis? If so, what is the diagnosis?

_____

Has your child been diagnosed with a learning disorder? If so, what is the diagnosis?

_____

Are they currently on medication? If so, name and dose and duration?

_____

Please list any outside therapists, Psychiatrists or other providers.

_____

What are your current concerns?

_____

_____

Briefly describe your child's ability to communicate: (shy, difficulty engaging/initiating conversations, any social concerns.)

_____

_____

Does your child have any significant behavioral problems (such as physical or verbal aggression toward self or others)? If so, please describe.

_____

_____

Has your child been involved in a supportive therapy group before? If so, please describe.

Please describe/detail any worry and/or anxiety your child experiences, including (specific phobias and fear):

What, if any, interventions or services has your child received for his/her behavioral concerns? (For example, outside therapy or group.)

What do you and your child hope to gain from this group experience?

Does your child have food allergies? Yes ☐ No ☐ Please List:

- If your child has food allergies, and they require an epi pen and Benadryl in school, they must have one with them in group.

Please list any foods you prefer your child NOT eat due to intolerance or personal preference. You may provide your own snack.

Does your child have any medical concerns? Yes ☐ No ☐ Please List:

If your child has the following, we require a copy to be submitted either by email prior to the initial intake screening or you can bring a paper copy to the intake screening: 504 Plan, Individualized Education Plan, Educational Assessment, Occupational Therapy Reports, Speech and Language Evaluations and/or Psychological or PsychoEducational Testing.

Parent Signature Date

Clinician Signature Date