Portland DBT INSTITUTE

PORTLAND DBT INSTITUTE, INC: TEEN/FAMILY ADDITIONAL ASSESSMENT

Client Name: _____ Date: _____

Name of person filling out form: _____ Relation to client: _____

School Information:

School Name:	
Grade:	
School Counselor:	Name: Phone Number: Email address:

What problems does your child currently have in school?

☐	Attendance problems	☐	Individualized education plan
☐	Poor grades	☐	Held back
☐	Behavioral problems Details:	☐	Social problems Details:
☐	Expelled When: Why:	☐	Suspended When: Why:

Family Information:

What problems does your child currently have at home?

☐	Doesn't do chores	☐	Fights with siblings
☐	Sneaks out	☐	Runs away
☐	Poor communication	☐	Doesn't comply with limits and consequences
☐	Other:		

What is the family structure?

Relationship	**Age**	**Occupation**	**Anything we should know about the relationship?**
Biological mother			
Biological father			
Stepmother ☐ NA			
Stepfather ☐ NA			
Adopted mother ☐ NA			
Adopted father ☐ NA			
Other:			

Who currently lives in your home?

Name	Age	Relationship	Anything we should know about the relationship?

Is your child from a divorced home?	☐ No ☐ Yes
Age at time of divorce?	
How did child respond to the divorce?	

Is your child adopted?	☐ No ☐ Yes
Age at time of adoption	
Country of origin	
Notable circumstances?	

Is there a family history of any of the following?

Aggression, oppositional behavior	☐ No ☐ Yes, Details:
Attention, hyperactivity, impulsivity	☐ No ☐ Yes, Details:
Psychosis, schizophrenia	☐ No ☐ Yes, Details:
Mood problems, depression	☐ No ☐ Yes, Details:
Anxiety problems, excessive worry	☐ No ☐ Yes, Details:
Substance abuse	☐ No ☐ Yes, Details:
Legal problems	☐ No ☐ Yes, Details:
Suicidality, self-harm	☐ No ☐ Yes, Details:

Are there any current family stressors that seem relevant to your child's difficulties?

Developmental History:

Complications during pregnancy	☐ No ☐ Yes, Details:
Substance use during pregnancy	☐ No ☐ Yes, Details:

Problems with child's development (Check those that apply)	☐ Motor development (walking, coordination, balance) ☐ Speech development (stuttering, speaking) ☐ Sensory development (vision, hearing, reactions to noise) ☐ Cognitive development (unusual thoughts, odd ideas/fantasies) ☐ Academic development (learning problems, ADHD) Details:
Has your child experienced any significant disruptions to attachment in their life, such as:	☐ Bullying/Peer aggression ☐ Chronic Illness/Death of significant person in their life ☐ Other (Describe): If yes to any of the above, please provide details:
Between ages 0-3, what were the childcare arrangements?	
Has your child ever had cognitive or psychological assessment done (e.g in the hospital or for an IEP)?	☐ No ☐ Yes, Details:
List a few of your child's strengths and interests:	

Behavior Change:

How have you tried to treat issues with your teen in the past?	☐ Therapy ☐ Therapeutic (or other) programs ☐ Discipline ☐ Incentives/Rewards program ☐ School consultation/Communication with teachers ☐ Religious consultation ☐ Other (Describe:)
How does your teen respond to discipline?	
Are there any forms of discipline which you have found to be especially effective or ineffective?	

Is there anything else you would like us to know about your teen or your family?