

# Checklist

Student Name \_\_\_\_\_  Female  Male  Non-binary

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Email \_\_\_\_\_ Can we send e-mail to this address?  Yes  No

Phone \_\_\_\_\_ Can we leave a voicemail at this phone number?  Yes  No

Referring Provider Name \_\_\_\_\_ Date of Referral \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referring Provider Office Number \_\_\_\_\_ Fax Number \_\_\_\_\_

## Symptom Checklist

- School refusal
- Perfectionism in the way of tasks or activities
- Difficulty answering questions or asking for help
- Difficulty participating in activities at school
- Social Exclusion
- Bullying others
- Depression or anxiety that doesn't seem to respond to intervention
- Changes in sleep or sleep quality, including sleeping in class
- Injury or pressure to perform in athletics
- Lack of interest in activities
- Impulsive, disruptive behavior
- Evidence of suicide attempts or self-harm
- Rapid weight changes
- Changes in attention, concentration or mood
- Alterations in wardrobe or appearance (e.g., more baggy clothing, temperature inappropriate clothing)
- Failure to complete projects or prepare for tests
- Oppositional behavior (e.g., anger outbursts, defying rules)
- "Surviving not thriving"
- Drug or alcohol issues
- Changes in hygiene

## Additional Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

