**Child's Information:**

* **Child's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship to Child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Please answer the following questions to the best of your knowledge and based on your observations of your child's behavior over the past few months. Your honest and accurate responses will help in assessing your child's mental health.

**1. General Information:**

* **1.1. Child's current grade or level of education:**
* **1.2. Briefly describe any major life changes or stressors your child has experienced recently (e.g., moving, family changes, school changes):**

**2. Emotional Well-Being:**

* **2.1. How would you describe your child's overall mood?**
  + □ Happy
  + □ Sad
  + □ Irritable
  + □ Anxious
  + □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **2.2. Have you noticed any significant changes in your child's mood or emotions recently? If yes, please describe:**

**3. Behavior and Social Interactions:**

* **3.1. How does your child typically interact with peers and adults?**
  + □ Friendly and outgoing
  + □ Shy or reserved
  + □ Aggressive
  + □ Withdrawn
  + □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **3.2. Is your child experiencing any difficulties in social situations or forming friendships? If yes, please describe:**

**4. School Performance:**

* **4.1. How would you rate your child's academic performance?**
  + □ Excellent
  + □ Good
  + □ Average
  + □ Below Average
  + □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **4.2. Are there any concerns or changes in your child's school behavior or performance that you would like to share?**

**5. Sleep Patterns:**

* **5.1. Describe your child's sleep patterns (e.g., difficulty falling asleep, frequent waking during the night, nightmares):**

**6. Anxiety and Fears:**

* **6.1. Does your child experience any specific fears or anxieties? If yes, please describe:**

**7. Additional Comments:**

* **7.1. Are there any other concerns or information you would like to share about your child's mental health or well-being?**

**Signature:**

I, the undersigned, confirm that the information provided in this questionnaire is accurate and complete to the best of my knowledge.

**Parent/Guardian's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: This questionnaire is not a diagnostic tool. If you have significant concerns about your child's mental health, it is recommended to consult with a qualified healthcare professional.*

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