

CALVARY CHAPEL SANTA FE SPRINGS
CHILD COUNSELING FORM

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CALVARY CHAPEL SANTA FE SPRINGS CHILD COUNSELING FORM

PLEASE FILL OUT ONE FORM PER PERSON

TODAY'S DATE: / /

PERSONAL HISTORY

CHILD'S NAME:

GENDER:

ADDRESS:

BIRTHDAY: / /

AGE:

GRADE LEVEL:

DOES THE CHILD HAVE A PERSONAL RELATIONSHIP WITH THE LORD? YES NO NOT SURE

FATHER'S NAME:

PHONE:

AGE:

OCCUPATION:

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

DOES FATHER LIVE IN THE HOME? YES NO

DOES FATHER HAVE A PERSONAL RELATIONSHIP WITH THE LORD? YES NO NOT SURE

MOTHER'S NAME:

PHONE:

AGE:

OCCUPATION:

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

DOES MOTHER LIVE IN THE HOME? YES NO

DOES MOTHER HAVE A PERSONAL RELATIONSHIP WITH THE LORD? YES NO NOT SURE

GUARDIAN'S NAME:

PHONE:

RELATIONSHIP TO THE CHILD

PLEASE LIST OTHERS LIVING IN THE HOUSEHOLD:

NAME:	AGE	RELATION TO CHILD

HOME ENVIROMENT

DOES THE FAMILY ATTEND CHURCH REGULARLY TOGETHER?

YES NO

IF YES, WHERE DOES THE FAMILY ATTEND?

HOW FREQUENTLY?

HOW OFTEN DOES THE FAMILY HAVE PRAYER/FAMILY DEVOTION TOGETHER?

OFTEN OCCASIONALLY NEVER

PLEASE CHECK THE BOXES THAT DESCRIBE THE ENVIROMENT OF THE CHILD'S HOME:

CHRIST-CENTERED

DISCIPLINED

HAPPY

CHAOTIC

NURTURING

ANGRY

SUPPORTIVE

INDIFFERENT

FUN

FEARFUL

COMMENTS:

SOCIAL ENVIROMENT

HOW DOES YOUR CHILD PERFORM ACADEMICALLY?

HOW DOES YOUR CHILD GENERALLY GET ALONG WITH HIS/HER PEERS?

VERY WELL AVERAGE SHY/WITHDRAWN

LIST EXTRACURRICULAR ACTIVITIES:

IS YOUR CHILD ACTIVELY INVOLVED IN SUNDAY SCHOOL/YOUTH MINISTRY ACTIVITIES? YES NO

HAS YOUR CHILD EVER EXHIBITED SIGNS OF BEING BULLIED OR BEING THE ONE INITIATING BULLYING? YES NO

HAS YOUR CHILD EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? YES NO

IF YES, PLEASE EXPLAIN

HAS YOUR CHILD (CURRENTLY OR IN THE PAST) USED DRUGS OR ALCOHOL? YES NO NOT SURE

HAS YOUR CHILD SUFFERED A SIGNIFICANT TRAUMA IN THE LAST SIX MONTHS (MOVING, DEATH OF SOMEONE CLOSE TO THEM; DIVORCE; PHYSICAL/SEXUAL ABUSE/ETC.)? YES NO

IF YES, PLEASE EXPLAIN

COUNSELING INFORMATION

WHAT CONCERN HAS CAUSED YOU TO SEEK COUNSELING FOR YOUR CHILD?

WHAT HAVE YOU DONE TO ADDRESS THE CONCERN?

WHAT IS YOUR ASSESSMENT OF YOUR CHILD'S PERSONALITY (STRENGTHS, WEAKNESSES, ECT.)?

HOW WOULD YOUR CHILD DESCRIBE THE PROBLEM?

IS THERE ANY OTHER INFORMATION WE SHOULD KNOW?

WHAT SPECIFICALLY DO YOU EXPECT FROM COUNSELING?

PART 2: TO BE FILLED OUT BY CHILD (12-18 YRS.)

INFORMATION

WOULD YOU DESCRIBE YOUR CURRENT PHYSICAL HEALTH AS?

EXCELLENT GOOD FAIR POOR

HOW MANY HOURS DO YOU SLEEP AT NIGHT?

ARE YOU INVOLVED IN AFTER SCHOOL ACTIVITIES (I.E. SPORTS, BAND, ECT.)?

YES NO

IF YES, PLEASE LIST THE ACTIVITIES:

ARE SPIRITUAL ISSUES IMPORTANT TO YOU?

YES NO

DO YOU CURRENTLY ATTEND CHURCH?

YES NO

IF YES, WHERE DO YOU ATTEND?

WHAT ARE THE PROBLEMS YOU WOULD LIKE TO TALK ABOUT?

PLEASE INDICATE YOUR CURRENT LEVEL OF THE FOLLOWING SYMPTOMS OR BEHAVIORS:

	NEVER	RARELY	SOMETIMES	FREQUENTLY
Dealing with problems at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling angry or having outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating/easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling accepted by my peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with how I feel about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating too much/too little:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanting to sleep all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried/fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of interest/motivation in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting into trouble at school/work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of control/Controlling myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with sexual feelings/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with peer pressures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling stressed, too much pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to hurt someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about myself/how I look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble making or keeping friends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying to decide about college/career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting along with my parents/siblings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disobedient to parents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher/School reports on behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE OF MINOR:

SIGNATURE OF PARENT/GUARDIAN:
