

A Window of Hope...



A world of opportunity

A Window of Hope Counseling Center/ Harold W. Anderson LLC

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Please enter the name of the person filling out this form:

What is your relationship to the patient (e.g. parent, guardian, teacher)?

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when your child

was on medication

was not on medication

not sure ?

In the past 6 months, has your child showed symptoms of...

	Never	Occasionally	Often	Very Often
Not paying attention to details or making careless mistakes with, for example, homework				
Having difficulty keeping attention to what needs to be done				
Not seeming to listen when spoken to directly				
Not following through when given directions and fails to finish activities (not due to refusal or failure to understand)				
Having difficulty organizing tasks and activities				
Avoiding, disliking, or not wanting to start tasks that require ongoing mental effort				

In the past 6 months, has your child showed symptoms of...

	Never	Occasionally	Often	Very Often
Losing things necessary for tasks or activities (toys, assignments, pencils, or books)				
Becoming easily distracted by noises or other stimuli				
Becoming forgetful in daily activities				
Fidgeting with hands or feet or squirms in seat				
Leaving their seat when remaining seated is expected				
Running about or climbing too much when remaining seated is expected				
Having difficulty playing or beginning quiet play activities				
Often acting as if "driven by a motor" or "on the go"				
Talking too much				
Blurting out answers before questions have been completed				
Having difficulty waiting his or her turn				
Interrupting or intruding on others' conversations and/or activities				
Arguing with adults				
Losing their temper				
Actively defying or refusing to go along with adults' requests or rules				
Deliberately annoying people				
Blaming others for his or her mistakes or misbehaviors				
Becoming touchy or easily annoyed by others				
Becoming angry or resentful				
Becoming spiteful and want to get even				

In the past 6 months, has your child showed symptoms of...

	Never	Occasionally	Often	Very Often
Bullying, threatening, or intimidating others				
Starting physical fights				
Lying to get out of trouble or to avoid obligations (ie, "cons" others)				
Becoming truant from school (skips school) without permission				
Becoming physically cruel to people				
Stealing things that have value				
Deliberately destroying others' property				
Using a weapon that can cause serious harm (bat, knife, brick, gun)				
Becoming physically cruel to animals				
Deliberately setting fires to cause damage				
Breaking into someone else's home, business, or car				
Staying out at night without permission				
Running away from home overnight				
Forcing someone into sexual activity				
Acting fearful, anxious, worried				
Acting afraid to try new things for fear of making mistakes				
Feeling worthless or inferior				
Blaming self for problems, feeling guilty				
Feeling lonely, unwanted, or unloved; complaining that "no one loves him or her"				
Behaving sad, unhappy or depressed				
Acting self conscious or easily embarrassed				

In the last 6 months, reflect on your child's performance

	Excellent	Above Average	Average	Somewhat of a problem	Problematic
Overall school performance					
Reading					
Writing					
Mathematics					
Relationship with parents					
Relationship with siblings					
Relationship with peers					
Participation in organized activities (eg, teams)					

Please return this form to the office at least 24 hours prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.