**QUESTIONS FOR JUVENILES:**

**BEHAVIOR/TEMPERAMENT**

*Please indicate whether this child exhibits any of the following behaviors.*

Is easily overstimulated in play Yes No

Has a short attention span Yes No

Lacks self-control Yes No

Seems unhappy most of the time Yes No

Withholds affection Yes No

Hides feelings Yes No

Seems overly energetic in play Yes No

Seems impulsive Yes No

Overreacts when faced with a problem Yes No

Seems uncomfortable meeting new people Yes No

Requires a lot of parental attention Yes No

Has fears Yes No

**EDUCATIONAL HISTORY**

*Please describe any problems that the child has encountered in school, such as being retained, difficulty with reading or math, having been tested for special education, changing schools frequently, getting poor grades, disliking school, discipline problems, truancy, etc.*

**MEDICAL CARE**

Has the child ever had psychological counseling or therapy? Yes No

If yes, counselor’s name

Has the child ever had a neurological exam? Yes No

If yes, neurologist’s name

City Date of exam

Reason for exam

Has the child ever had a psychological or psychiatric exam? Yes No

If yes, doctor’s name

City Date of exam

Reason for exam