



## Collaborative Change Initial Intake Assessment – *CHILD*

Date: \_\_\_\_\_ Name of person completing form: \_\_\_\_\_

### IDENTIFYING INFORMATION (for individual receiving services)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who referred you to

Collaborative Change? \_\_\_\_\_

### PRESENTING ISSUE

1. Why are you interested in working with Collaborative Change?

2. How would your teachers describe you/your child?

### FAMILY HISTORY

3. What are some significant moments from your life/your child's life?



4. How would your family describe you/your child? How would you describe your family?

5. What is your relationship with your family/child like? Who do you get along with the best? Who do you get along with the worst?

#### **PAST THERAPY EXPERIENCE**

6. Have you/your child had any experience with social services in the past? How was that experience?

#### **SUPPORT SYSTEM**

7. Who are the closest people to you/your child? Do you trust them? Why/Why not?



**GOALS**

8. What are two or three things that your family/friends would say make you/your child a good friend?

9. What are some hobbies/talents that you/your child love doing and could get lost in for hours?

10. What are two goals you would like to reach while working with Collaborative Change?


13. How will you feel when these goals have been reached?