

## Summer Group Intake/Screening Form

Date of Completion: \_\_\_\_\_  
Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_  
Preferred names or pronouns \_\_\_\_\_

Home address \_\_\_\_\_  
Phone numbers: \_\_\_\_\_  
Email contact: \_\_\_\_\_  
What groups are you interested in? \_\_\_\_\_

### WHO CURRENTLY LIVES IN YOUR RESIDENCE (adults and children and ages):

\_\_\_\_\_  
\_\_\_\_\_

Why do you want your child to join a summer mental health/emotional development group? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite things to do?  
Strengths? \_\_\_\_\_

\_\_\_\_\_

Please also complete the attached Strengths and Difficulties questionnaire (SDQ)

Does your child have any emotional/behavioral issues? Please explain: \_\_\_\_\_

Please indicate with a check if your child has had this concern in the past:

- ☐ Sleep issues \_\_\_\_\_
- ☐ School refusal \_\_\_\_\_
- ☐ Aggressive behavior \_\_\_\_\_
- ☐ Oppositional/defiant \_\_\_\_\_
- ☐ Social challenges \_\_\_\_\_
- ☐ Learning challenges \_\_\_\_\_
- ☐ Self-harm or thoughts of self-harm \_\_\_\_\_
- ☐ Low self-esteem \_\_\_\_\_
- ☐ Emotional self-regulation challenges (managing emotions) \_\_\_\_\_
- ☐ Attention/focus/excessive energy \_\_\_\_\_
- ☐ Ongoing sadness or depression \_\_\_\_\_

- ☐ Ongoing anxiety or worry\_\_\_\_\_
- ☐ Currently on an IEP of 504 at school: disability category and goal areas:\_\_\_\_\_
- ☐ Medical issues\_\_\_\_\_
- ☐ Allergies\_\_\_\_\_
- ☐ Other\_\_\_\_\_

Have your child previously seen a counselor or been in counseling group?Yes/No

If Yes, where:

\_\_\_\_\_

Is your child currently being seen by a counselor?\_\_\_\_\_

For what reason did your child go to counseling? \_\_\_\_\_

Does your child have a previous mental health diagnosis? \_\_\_\_\_

How would you describe your child socially?\_\_\_\_\_

Has your child experienced any trauma that you are aware of (verbal, emotional, sexual abuse)?\_\_\_\_\_

Are there any custody or visitation stipulations?\_\_\_\_\_

Please let me know anything else that you think would be important to know about your child or family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After I have reviewed the intake forms I will reach out to you with any questions and confirm your child's group spot. Please email or call with questions:

[ericagortonlmhc@gmail.com](mailto:ericagortonlmhc@gmail.com) 508-492-5320

<https://ericagortonlmhc.wixsite.com/summergroups>

Signed:

Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_



