

## Narrative description of Child

Child's Name:  
Completed By:

Relationship to child:  
Date completed:

**Instructions:** In the spaces below, please describe what you see as the child's primary problems. Also please describe how these child's problems have affected your relationship with him or her, his or her academic progress, your classroom in general, and his or her self-esteem. Continue on a separate sheet if necessary. For the ratings, please mark an "X" on the lines at the points that you believe reflect the impact of the child's problems on this area and whether he or she needs treatment or special services for the problems.

1. How do this child's problems affect his or her relationship with other children?

No Problem \_\_\_\_\_

Definitely does not need treatment or special services

\_\_\_\_\_ Extreme problem

Definitely needs treatment or special services

Regardless of whether this child is popular or unpopular with peers, does he or she have a special, close "best friend" that he or she has kept for more than a few months? (please circle)

yes

no

2. How do this child's problems affect his or her relationship with the teacher?

No Problem \_\_\_\_\_

Definitely does not need treatment or special services

\_\_\_\_\_ Extreme problem

Definitely needs treatment or special services

3. How do this child's problems affect his or her academic progress?

No Problem \_\_\_\_\_

Definitely does not need treatment or special services

\_\_\_\_\_ Extreme problem

Definitely needs treatment or special services

3. How do this child's problems affect your classroom in general?

No Problem \_\_\_\_\_

Definitely does not need treatment or special services

\_\_\_\_\_ Extreme problem

Definitely needs treatment or special services

4. How do this child's problems affect his or her self-esteem?

No Problem \_\_\_\_\_

Definitely does not need treatment or special services

\_\_\_\_\_ Extreme problem

Definitely needs treatment or special services

Please mark an "X" on the following line at the point that you believe reflects the OVERALL severity of this child's problem in functioning, and overall need for treatment

No Problem \_\_\_\_\_

Definitely does not need treatment or special services

\_\_\_\_\_ Extreme problem

Definitely needs treatment or special services

This form was developed by Lauren Wakschlag, Ph D and Kate Keenan, PhD, child psychologists, whose mentorship I am extremely thankful for.

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