

Child's Name \_\_\_\_\_ Parent Name \_\_\_\_\_ Date \_\_\_\_\_

FOR DEMONSTRATION ONLY  
What symptoms is my child presenting with?

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Do I, as their parent, experience any similar feelings/symptoms? (circle) YES NO  
If Yes, which ones?

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FOR DEMONSTRATION ONLY  
What could I do as a parent to model healthy skills and/or coping strategies that would benefit my child's overall health?

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Are there changes to the home environment that could help this? (circle) YES NO  
If Yes, what changes?

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FOR DEMONSTRATION ONLY  
What help can a therapist provide to assist these changes?

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