Top of Form

1. Child’s Name:  
  
2. Child’s Date of Birth:  
  
3. Legal Guardian’s Name:  
  
4. Legal Guardian’s Contact Number:  
  
5. Legal Guardian’s email:  
  
6. Child's school and grade level:  
  
7. What do you hope the child gains from this program?

8. What is significant in the child's history that may be contributing to their current difficulties? (eg: family separation, trauma experiences, mental health history etc.):  
  
9. What strengths or relationships does the child have that makes the problem less overwhelming for them? What's going well for them?  
  
10. Does the child have a diagnosis? If so please provide details including diagnosis and when diagnosed? If not diagnosed or nil diagnosis please include any relevant difficulties the child experiences  
  
11. Does the child have an NDIS plan?  
  
12. If NDIS plan managed, please provide name of plan manager and email address you wish the invoices to be sent to.  
  
13. Does the child experience fear or allergies to dogs?  
  
14. Does the child experience any other allergies?  
  
15. Please provide any feedback you have received from the child's school or other group context regarding their ability to participate in group activities or their management of emotions  
  
16. Overall I rate the child's ability to express emotions safely as:  
  
17. Overall I rate the child's ability to handle disappointment/distress as:  
  
18. Overall I rate the child's ability to sleep well as:

19. Overall I rate the child's ability to focus and be calm as:  
  
20. Overall I rate the child's confidence with peers as:  
  
21. Anything else that may be helpful for me to know when working with the child?  
  
  
22. Please identify the program you wish the child to participate in:  
ם Connected Kids  
ם Insight-Full Kids  
ם Insight-Full Paws  
ם Canvas

**Strengths and Difficulties Questionnaire:**

Please give your answers on the basis of the child's behaviour over the last six months (please circle).

1. **Considerate of other people’s feelings**

Not true

Somewhat true

Certainly true

2. **Restless, overactive, cannot stay still for long**

Not true

Somewhat true

Certainly true

3. **Often complains of headaches, stomach-aches or sickness**

Not true

Somewhat true

Certainly true

4. **Shares readily with other children, for example CDs, games, food**

Not true

Somewhat true

Certainly true

5. **Often loses temper**

Not true

Somewhat true

Certainly true

6. **Would rather be alone than with other young people**

Not true

Somewhat true

Certainly true

7. **Generally well behaved, usually does what adults request**

Not true

Somewhat true

Certainly true

8. **Many worries or often seems worried**

Not true

Somewhat true

Certainly true

9. **Helpful if someone is hurt, upset or feeling ill**

Not true

Somewhat true

Certainly true

10. **Constantly fidgeting or squirming**

Not true

Somewhat true

Certainly true

11. **Has at least one good friend**

Not true

Somewhat true

Certainly true

12. **Often fights with other young people or bullies them**

Not true

Somewhat true

Certainly true

13. **Often unhappy, depressed or tearful**

Not true

Somewhat true

Certainly true

14. **Generally liked by other young people**

Not true

Somewhat true

Certainly true

15. **Easily distracted, concentration wanders**

Not true

Somewhat true

Certainly true

16. **Nervous in new situations, easily loses confidence**

Not true

Somewhat true

Certainly true

17. **Kind to younger children**

Not true

Somewhat true

Certainly true

18. **Often lies or cheats**

Not true

Somewhat true

Certainly true

19. **Picked on or bullied by other young people**

Not true

Somewhat true

Certainly true

20. **Often volunteers to help others (parents, teachers, children)**

Not true

Somewhat true

Certainly true

21. **Thinks things out before acting**

Not true

Somewhat true

Certainly true

22. **Steals from home, school or elsewhere**

Not true

Somewhat true

Certainly true

23. **Gets along better with adults than with other young people**

Not true

Somewhat true

Certainly true

24. **Many fears, easily scared**

Not true

Somewhat true

Certainly true

25. **Good attention span, sees chores or homework through to the end**

Not true

Somewhat true

Certainly true

26. **Overall, do you think that the child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?**

No

Yes - minor difficulties

Yes - definite difficulties

Yes - severe difficulties

If you have answered "Yes" to question 26, please answer the following questions about these difficulties:

27. **How long have these difficulties been present?**

Less than a month

1-5 months

6-12 months

12+ months

28. **Do the difficulties upset or distress the child?**

Not at all

A little

A medium amount

A great deal

29. **Do the difficulties interfere with the child’s everyday life in peer relationships?**

Not at all

A little

A medium amount

A great deal

30. **Do the difficulties interfere with the child's everyday life in classroom learning?**

Not at all

A little

A medium amount

A great deal

31. **Do the difficulties put a burden on the class as a whole?**

Not at all

Only a little

Quite a lot

A great deal