Hugh S. Smith, Ph.D. & Associates, P.C.

CHILD/ADOLESCENT SERVICES FEEDBACK FORM – PARENT/CAREGIVER

Child's Name:	**Today's Date:**

Name of Person Providing Feedback:	Title:
Relationship to child:	Phone:
In which settings have you observed the child?	

Behaviors of Concern: Please rate the child's behavior in the domains listed below that apply:

	Behavior	**Brief Description**	**Frequency** **(Check or put freq. in box)** Hourly	daily	weekly	monthly	**Intensity** *(circle one)*	**Duration** *(range in min.)*
☐	Aggression (Physical)						Mild Mod. Severe	
☐	Aggression (Verbal)						Mild Mod. Severe	
☐	Destructiveness						Mild Mod. Severe	
☐	Disrespect						Mild Mod. Severe	
☐	Disruptiveness						Mild Mod. Severe	
☐	Elopement/Avoidance						Mild Mod. Severe	
☐	Hyperactivity						Mild Mod. Severe	
☐	Inattention						Mild Mod. Severe	
☐	Noncompliance						Mild Mod. Severe	
☐	Peer Difficulties						Mild Mod. Severe	
☐	Self-Injury						Mild Mod. Severe	
☐	Self-Isolation						Mild Mod. Severe	
☐	Stimming/Reciting						Mild Mod. Severe	
☐	Tantrumming						Mild Mod. Severe	
☐	Other:						Mild Mod. Severe	
☐	Other:						Mild Mod. Severe	

Time of day behaviors occur/support needed: ☐ Morning ☐ Afternoon ☐ Evening ☐ Variable (all day)