SCHENECTADY CITY SCHOOL DISTRICT / THE CHILD GUIDANCE CENTER
EMOTIONAL WELLBEING SCREENING
PARENTAL CONSENT

Your child's school, together with the Child Guidance Center (operated by Northeast Parent and Child Society) has initiated a screening program to promote early identification of emotional health issues in children and adolescents.

Why is an emotional wellbeing screening important?

Emotional issues can affect how well a child does in school, in family relationships and in their ability to make friends. By identifying emotional issues early, this screening can help you and your child get the support you may need. Early identification can:

- Keep problems from affecting emotional, intellectual or physical development
- Keep problems from lasting as long or from getting worse
- Improve school performance and personal relationships

What is the screening process?

During an event sponsored by your child's school, you and/or your child will be asked to complete a short questionnaire about your child's behaviors and feelings. This questionnaire will be forwarded to the Child Guidance Center for review. Within 2 weeks, the Child Guidance Center's Screener will notify you of the screening results. If it is felt your child could benefit from a more comprehensive assessment, the Screener will call or write you to schedule a follow-up appointment at the Center (530 Franklin St.). If no further follow-up is recommended, the Screener will notify you of such by mail.

Your participation in this screening program is voluntary and confidential. The results will not be shared with any other agency or program without your written consent. Should you have any questions regarding this screening and/or the process, please speak with your physician.

If you would like to participate in the screening process please sign the consent below.

Consent Form

I, _____, agree to participate in the emotional well being screening of

my child _____ Date of Birth _____.

I give permission for Child Guidance to discuss the results of this screening with my child's school (please circle): **YES** **NO**

School: _____

Grade: _____

Parent/Guardian_____ Date _____

SCHENECTADY CITY SCHOOL DISTRICT / THE CHILD GUIDANCE CENTER
EMOTIONAL WELLBEING SCREENING
PEDIATRIC SYMPTOM CHECKLIST

Youth Self Report

Please place an "X" under the heading that best describes you:

	NEVER	SOMETIMES	OFTEN
1. Complain of aches or pains			
2. Spend more time alone			
Tire easily, little energy			
4. Fidgety, unable to sit still			
5. Have trouble with teacher			
6. Less interested in school			
7. Acts as if driven by a motor			
8. Daydream too much			
9. Distract easily			
10. Are afraid of new situations			
11. Feel sad, unhappy			
12. Are irritable, angry			
13. Feel hopeless			
14. Have trouble concentrating			
15. Less interested in friends			
16. Fight with other children			
17. Absent from school			
18. School grades dropping			
19. Is down on yourself			
20. Visit the doctor with the doctor finding nothing wrong			
21. Have trouble sleeping			
22. Worry a lot			
23. Want to be with parent more than before			
24. Feels that you are bad			
25. Take unnecessary risks			
26. Get hurt frequently			
27. Seem to be having fun less			
28. Act younger than children your age			
29. Do not listen to rules			
30. Do not show feelings			
31. Do not understand other people's feelings			
32. Teases others			
33. Blames others for your troubles			
34. Take things that do not belong to you			
35. Refuse to share			

3.

Total_____

Do you have any emotional or behavioral problems for which you need help?
( ) Yes ( ) No

If yes, please describe

_____
_____
_____
_____

Child's Name _____ Date of Birth _____
Parent/Guardian Name _____
Home Address: _____ Phone: _____
_____

ELLIS FAMILY HEALTH CENTER / THE CHILD GUIDANCE CENTER
EMOTIONAL WELLBEING SCREENING
PEDIATRIC SYMPTOM CHECKLIST

Parent Report

Please place an "X" under the heading that best describes your child:

	NEVER	SOMETIMES	OFTEN
1. Complains of aches and pains			
2. Spends more time alone			
Tires easily, has little energy			
4. Fidgety, unable to sit still			
5. Has trouble with teacher			
6. Less interested in school			
7. Acts as if driven by a motor			
8. Daydreams too much			
9. Distracted easily			
10. Is afraid of new situations			
11. Feels sad, unhappy			
12. Is irritable, angry			
13. Feels hopeless			
14. Has trouble concentrating			
15. Less interested in friends			
16. Fights with other children			
17. Absent from school			
18. School grades dropping			
19. Is down on him or herself			
20. Visits the doctor with the doctor finding nothing wrong			
21. Has trouble sleeping			
22. Worries a lot			
23. Wants to be with you more than before			
24. Feels he or she is bad			
25. Takes unnecessary risks			
26. Gets hurt frequently			
27. Seems to be having fun less			
28. Acts younger than children his or her age			
29. Does not listen to rules			
30. Does not show feelings			
31. Does not understand other people's feelings			
32. Teases others			
33. Blames others for his or her troubles			
34. Takes things that do not belong to him or her			
35. Refuses to share			

3.

Total_____

Does your child have any emotional or behavioral problems for which she/he needs help?
( ) Yes ( ) No

If yes, please describe

_____
_____
_____
_____

Child's Name _____ Date of Birth _____
Parent/Guardian Name _____
Home Address: _____ Phone: _____