Adoption Related Services of Pinellas
8800 49th Street N. Suite 212 ♦ Pinellas Park, FL 33782
Fax: (727) 865-5178

Child's Name: _____ Date: _____

Relationship to Child: _____ Child's DOB: _____

The following symptoms children's behavior or events that may have happened. If the symptom is true for your child (or you suspect that it is), please mark the "yes" next to it and provide any additional explanation in the area provided below.

Behavior/Symptom	Yes	No	Behavior/Symptom	Yes	No	Behavior/Symptom	Yes	No
Trauma Exposure	☐	☐	Depressed Mood	☐	☐	Sleep Problems	☐	☐
Maltreatment	☐	☐	Changes in Environment	☐	☐	Feeding Problems	☐	☐
Loss of Caregiver	☐	☐	Sensory Processing Difficulties	☐	☐	Developmental Disorder	☐	☐
Anxiety	☐	☐	Motor Difficulties	☐	☐	Other	☐	☐

For any items marked "Yes" above, please provide more information:

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