

# DIRECTED WELLNESS CENTER

## Evaluation for Children



Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ After \_\_\_\_\_ training sessions

Medications (prescription and OTC): \_\_\_\_\_

It is important that the evaluation forms are filled out correctly. All of the following questions need to be answered. Fill out this evaluation at the start of the training or intake and thereafter after 10-20-30 sessions. The results are used to assess the impact of the training. If you find a particular question does not apply, enter 1. Even if you feel that nothing has changed, you should answer all questions. Each item is scored between 1 = no problem, and 10 = severe difficulties, and is measured as an average over the last week.

<b>Sleep</b>	1	2	3	4	5	6	7	8	9	10
Procrastination at bedtime										
Difficulty falling asleep										
Getting out of bed several times during the evening										
Bed Wetting										
Staying asleep throughout the night										
Nightmares										
Getting up in the morning										
Dressing and showering										
<b>Observation At Home</b>	1	2	3	4	5	6	7	8	9	10
Response to Challenges/irritabilities										
Understanding what is said										
Making Eye Contact										
Obeying										
Correct Assessment of social ques										
Anger outbursts										
Fear										
Continuous talking/monologue										
Fluid conversation										
Maintaining continuous attention										
Hyperactivity										
Disruptive behavior while eating										
Reckless endangerment										
Can stop activities (switch)										
Cleaning Up										
Playing with other children										
Trouble with changes										
Obsessions/acts/tics										
Sense Of Time										
Allergies										
Tantrums/Meltdowns										

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If something you would like to track is missing, please add rows at the bottom of the page.

Please fill out the questions about school as appropriate. If a particular question does not apply, you can skip the question. Each item is scored between 1 = no problem, and 10 = severe difficulties, and is measured as an average over the last week.

<b>Observation At School</b>	1	2	3	4	5	6	7	8	9	10
Being ready in time for school										
Bag: homework and books in order										
Concentration: easily distracted										
Concentration: dreaming										
Reading										
Disruptive behavior										
Bullying other children										
Being bullied										
Reprimanded or sent out of the classroom										
Starting homework										
Finishing homework										
Anxiety										

Other observations/comments: