



39529

# The Incredible Years Project

University of Washington Parenting Clinic (206) 543-6010

|                       |           |                       |                      |                      |                      |                      |
|-----------------------|-----------|-----------------------|----------------------|----------------------|----------------------|----------------------|
| Time                  | <b>2</b>  | CID                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                       | Mom/Other |                       | Dad/Other            |                      |                      |                      |
| <input type="radio"/> |           | <input type="radio"/> |                      | Office Use Only      |                      |                      |

Today's Date (mm/dd/yy)

|                      |                      |   |                      |                      |   |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|

## Special Services

The next three questions are about any treatment, services or care that your child may have received. In trying to learn about how young people develop into adults it is important to know about their physical and emotional well-being.

1. In the past two years has your child seen a counselor, therapist, psychologist, psychiatrist, social worker or other mental health professional for treatment for mental health or behavior problems s/he may have been having? This **doesn't** include services received at school.

Yes    No    Don't Know

If yes, total # of hours

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

2. Has your child met with a school counselor, social worker or psychologist or attended a group **at school** for any problems s/he was having in the past two years?

Yes    No    Don't Know

If yes, total # of hours

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

3. In the past two years, has your child received any special education services for mental health or behavior problems, or has s/he been placed in a special classroom or school for these types of difficulties?

Yes    No    Don't Know

If yes, for what? \_\_\_\_\_