

# CRISIS ASSESSMENT

Check behaviours exhibited in past 3 - 6 months

Kids Name

Age

FAMILY PROBLEMS	ABOUT YOUR KID			
As a parent you have experienced	HOME	SCHOOLWORK	LEGAL	OTHER ISSUES
<input type="checkbox"/> Arguing with spouse	<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Unacceptable friends	<input type="checkbox"/> Loitering	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Arguing with others	<input type="checkbox"/> Lazy	<input type="checkbox"/> Often late/truant	<input type="checkbox"/> Disorderly conduct	<input type="checkbox"/> Easily frustrated
<input type="checkbox"/> Withdrawal from spouse	<input type="checkbox"/> Refuse to do chores	<input type="checkbox"/> Fighting	<input type="checkbox"/> Traffic tickets	<input type="checkbox"/> Early tobacco use
<input type="checkbox"/> Not having a peaceful nights sleep	<input type="checkbox"/> Sleeping habits	<input type="checkbox"/> Failing grades	<input type="checkbox"/> Auto accidents	<input type="checkbox"/> Heavy metal music
<input type="checkbox"/> Loss of time at work	<input type="checkbox"/> Fights with siblings	<input type="checkbox"/> Suspended	<input type="checkbox"/> Pawning items	<input type="checkbox"/> Vulgar posters
<input type="checkbox"/> Felt depressed and tearful	<input type="checkbox"/> Street language	<input type="checkbox"/> Quit school	<input type="checkbox"/> Shoplifts/steals	<input type="checkbox"/> Counselling
<input type="checkbox"/> Hard to concentrate on routine/work tasks	<input type="checkbox"/> Violates curfew	<input type="checkbox"/> Can't get a job	<input type="checkbox"/> Possession	<input type="checkbox"/> Hospital/Rehab
<input type="checkbox"/> Avoiding talking about your child to others	<input type="checkbox"/> Lies consistently	<input type="checkbox"/> Quit job	<input type="checkbox"/> Utensils for drug use	<input type="checkbox"/> Irresponsible sex
<input type="checkbox"/> Feared leaving home	<input type="checkbox"/> Defiant to rules	<input type="checkbox"/> Drugs/alcohol	<input type="checkbox"/> Convicted	<input type="checkbox"/> Drug use
<input type="checkbox"/> Hate for phone to ring when your child is out	<input type="checkbox"/> Verbal abuse, Attitude	<input type="checkbox"/> Abusive to teachers	<input type="checkbox"/> Probation	<input type="checkbox"/> Sold drugs
<input type="checkbox"/> Physical illness caused by fear or concern	<input type="checkbox"/> Physical abuse <input type="checkbox"/> Stays out all night	<input type="checkbox"/> Doesn't do homework	<input type="checkbox"/>	<input type="checkbox"/> Suicidal
<input type="checkbox"/> Feel guilt or shame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wears all black
<input type="checkbox"/>	<input type="checkbox"/> Runs away/runs to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cult activity
<input type="checkbox"/>	<input type="checkbox"/> Damage to home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Threatens family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List and describe three behaviours checked above that you feel need the most attention

1.

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2.

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3.

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# CRISIS ASSESSMENT 2

WHAT YOU HEAR HERE WHO YOU SEE HERE STAYS HERE

**STAND OR LONG TERM GOAL:**

**I WILL NOT**

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**LIST OF BEHAVIOURS ASSOCIATED WITH YOUR STAND**

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**KID'S GOOD POINTS**

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**YOUR FEARS**

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**SUGGESTED STANDS**

I will not

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I will not

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I will not

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I will not

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I will not

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**SUGGESTED BOTTOM LINES**

Just for this week I will

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Just for this week I will

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Just for this week I will

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Just for this week I will

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Just for this week I will

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