

ASSESSMENT TO DETERMINE SUITABILITY

(Play Therapy / Sense of Self Therapy)

Client Name : _____

Date : ____/____/____

Individuals present:

Presenting problems- (referred concerns, by who, when began, duration of struggle, for who is this a problem?)

Precipitants- (What was the triggering event, why attending therapy now?)

What brought client/parent to play therapy?

Developmental history (attachment?)

Child/adults medical history - (major illness, trauma, hospitalisations?)

Predisposing factors - (and any family of origin issues or Mental health history?)

Relationships - (parents, siblings, peers? What does the family do together?)

Schooling - (Academic History?)

Parents relationship, communication and parenting styles

Culture and religion

Perpetuating factors - (What is keeping the struggle going?)

Past intervention - (assessments and/or outcomes?)

Parents/guardians goals/expectations?

Protective factors - (Child and parent strengths and efforts.)

Purpose of contact – (Goals and Desire for change. What are we, client and family hoping and trying to achieve?)

Notes:
