Dear                    ,

As part of your child's treatment we are asking caregivers to rate how well your child is doing with the top problems we identified together during the past week. Below is a list of your child's top problems. Please circle the number that you feel best represents how well your child has been doing in that area, with **0** being *"not at all a problem"* to **10** being *"a huge problem."* Please return this form to me within the week.

Thank you so much!

---

Problem 1:

_____

    0    1    2    3    4    5    6    7    8    9    10

not at all a problem                                    a huge problem

Problem 2:

_____

    0    1    2    3    4    5    6    7    8    9    10
 not at all a problem                               a huge problem

Problem 3:

_____

    0    1    2    3    4    5    6    7    8    9    10
 not at all a problem                               a huge problem

Student Name: _____   Student ID: _____

School: _____

Clinician: _____

# TOP PROBLEMS- STUDENT

| Session #: | Date: |
|---|---|

I am now going to read you the top problems you told us about in your first meeting with me. For each, I want you to rate how much of a problem it still is, from 0 *"not at all a problem"* to 10 *"a huge problem."*

| Problem | Not a problem at all | | | | Somewhat of a problem | | | | A huge problem | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Session #: | Date: |
|---|---|

I am now going to read you the top problems you told us about in your first meeting with me. For each, I want you to rate how much of a problem it still is, from 0 *"not at all a problem"* to 10 *"a huge problem."*

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Session #: | Date: |
|---|---|

I am now going to read you the top problems you told us about in your first meeting with me. For each, I want you to rate how much of a problem it still is, from 0 *"not at all a problem"* to 10 *"a huge problem."*

| Problem | Not a problem at all | | | | Somewhat of a problem | | | | A huge problem | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| Session #: | Date: |
|---|---|

I am now going to read you the top problems you told us about in your first meeting with me. For each, I want you to rate how much of a problem it still is, from 0 *"not at all a problem"* to 10 *"a huge problem."*

| Problem | Not a problem at all | | | | Somewhat of a problem | | | | A huge problem | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

# TOP PROBLEMS- PARENT/TEACHER

I am now going to read you the top problems you told us about in your first meeting with me. For each, I want you to rate how much of a problem it still is, from 0 *"not at all a problem"* to 10 *"a huge problem."*

| Problem | Not a problem at all | | | | Somewhat of a problem | | | | A huge problem | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

I am now going to read you the top problems you told us about in your first meeting with me. For each, I want you to rate how much of a problem it still is, from 0 *"not at all a problem"* to 10 *"a huge problem."*

| Problem | Not a problem at all | | | | Somewhat of a problem | | | | A huge problem | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

I am now going to read you the top problems you told us about in your first meeting with me. For each, I want you to rate how much of a problem it still is, from 0 *"not at all a problem"* to 10 *"a huge problem."*

| Problem | Not a problem at all | | | | Somewhat of a problem | | | | A huge problem | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

I am now going to read you the top problems you told us about in your first meeting with me. For each, I want you to rate how much of a problem it still is, from 0 *"not at all a problem"* to 10 *"a huge problem."*

| Problem | Not a problem at all | | | | Somewhat of a problem | | | | A huge problem | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Student Name: _____     Date: _____

School: _____     Student ID: _____

Clinician: _____

## TOP PROBLEMS

Please circle:     Student     Caregiver     Teacher

| Problems | Severity Rating |
|---|---|
| Ask student/parent/teacher to list the problems s/he is most concerned about. Once the list is complete obtain a severity score for each problem on a scale from 0 (*not at all a problem*) to 10 (*a huge problem*). | |
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