

Child's Name: \_\_\_\_\_

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

### C-SPOA Additional Information

1. List **ALL** family members; including those living outside the home.

2. Indicate whether the child is known to have any other significant issues:

Issue	Not Present	Mild	Moderate	Severe
Developmental Delays/Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabling or Life Threatening Medical Condition or List any chronic health diagnosis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Child/Family History:

YES NO UNKNOWN

Has child experienced any trauma or traumatic experience?

☐ ☐ ☐

If Yes, explain briefly \_\_\_\_\_

Are there any family situations currently affecting child's behavior?

☐ ☐ ☐

If Yes, explain briefly \_\_\_\_\_

Has child ever been physically abused? \_\_\_\_\_

☐ ☐ ☐

Has child ever been sexually abused? \_\_\_\_\_

☐ ☐ ☐

Has child ever been emotionally abused?

☐ ☐ ☐

A history of domestic violence/spousal abuse in child's biological family?

☐ ☐ ☐

A history of mental illness in child's biological family?

☐ ☐ ☐

A history of substance abuse in child's biological family?

☐ ☐ ☐

4. School Behavior

Yes No

☐ ☐ Participates

☐ ☐ Gets along with peers

☐ ☐ Gets along with teachers

☐ ☐ Passing grades

Yes No

☐ ☐ Has friends at school

☐ ☐ Attendance problems

☐ ☐ Frequent suspensions

☐ ☐ Responds to teacher demands

5. What are the social/emotional/behavioral strengths & weaknesses and how would receiving services impact this child?

6. Additional Information: