**The Amelia Center**

Reactions – Child & Teen

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child:** |       | **Date of Birth:** |      /      /       |
| **Parent/Guardian:** |       | **Today’s Date:** |      /      /       |
| **School Attending:** |       | **Grade:** |       |
| **School System:** |       |
| **Ethnic Background** |
| [ ]  African American [ ]  Caucasian [ ]  Hispanic/Latino [ ]  Other:            |
| **How is this child related to the person who died?** |
| [ ]  Son/Daughter [ ]  Grandchild [ ]  Sibling [ ]  Friend [ ]  Other (specify)            |
| **If your child is taking medications prescribed for mood or psychiatric needs, please list. Please specify if medication began before or after the death.** |
|       |
|  |
| **Is your child currently seeing or has seen another mental health professional in the past year?** (Please specify) |
|       |
| * **Did the child witness the death?**
 | [ ]  Yes [ ]  No |
| * **Did the child attend the funeral?**
 | [ ]  Yes [ ]  No |
| * **How close was the child to the person who died?**
 | [ ]  Very close [ ]  Average [ ]  Not very close |
| **What is your primary concern for this child?** |
|       |
| ***Please continue to the next page for the Behavior/Reaction Checklist.*** |

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| --- |
| Behavior/Reaction Checklist • Please check the box if it applies to the child. |
| **Before the death** | **After the death** | School |
| [ ]  | [ ]  | Not paying attention in class |
| [ ]  | [ ]  | Grades dropping |
| [ ]  | [ ]  | Absence from school |
| [ ]  | [ ]  | Poor behavior in school |
| [ ]  | [ ]  | Skipping school |
| [ ]  | [ ]  | Dropping out of school |
|  |  | Friends |
| [ ]  | [ ]  | Not getting along with friends |
| [ ]  | [ ]  | Lack of interest in friends |
| [ ]  | [ ]  | Can’t be separated from friends |
|  |  | Home |
| [ ]  | [ ]  | Fights/argues with parents or siblings  |
| [ ]  | [ ]  | Clings to parents |
| [ ]  | [ ]  | Frequent mood changes |
| [ ]  | [ ]  | Regressive behaviors, such as bed wetting, thumb sucking, etc. |
| [ ]  | [ ]  | Lack of interest in family activities |
| [ ]  | [ ]  | Behaving more mature than normal |
|  |  | Physical |
| [ ]  | [ ]  | Sleeping problems |
| [ ]  | [ ]  | Eating problems |
| [ ]  | [ ]  | Anxiety or nervousness |
| [ ]  | [ ]  | Headaches or stomachaches |
| [ ]  | [ ]  | Lack of energy/lack of enthusiasm  |
|  |  | **Death/Illness Related** |
| [ ]  | [ ]  | Guilt related to the circumstances |
| [ ]  | [ ]  | Lack of understanding regarding the facts of the illness/death |
| [ ]  | [ ]  | Preoccupation with death/dying |
| [ ]  | [ ]  | Unable to talk about the person who is ill/died |
| [ ]  | [ ]  | Dreams of a deceased loved one |
| [ ]  | [ ]  | Acts as if the person is not sick/is still alive |
|  |  | **Fears (My child is afraid…)** |
| [ ]  | [ ]  | Of the dark |
| [ ]  | [ ]  | That he or she will die |
| [ ]  | [ ]  | That someone else will die |
| [ ]  | [ ]  | New experiences |
| [ ]  | [ ]  | Of being alone or sleeping alone |
|  |  | **Coping with Loss** |
| [ ]  | [ ]  | Expresses anger in inappropriate ways |
| [ ]  | [ ]  | Generally holds feelings inside  |
| [ ]  | [ ]  | Feels that others do not understand  |
| [ ]  | [ ]  | Avoids discussing the illness/death |
| [ ]  | [ ]  | Increased crying/overly sensitive |
| [ ]  | [ ]  | Self-harming behaviors or making statements about harming self |