

CARETAKER OBSERVATIONS/INFORMATION

Child name: _____ Date: _____

Caretaker: _____ Relationship: _____

Does this child receive any special services at school? IEP _____ 504 plan _____ Do not know _____

If yes, how long has this been in place and for what problems?

Comments/concerns about this child's behavior in the home/school/community setting (compared to other children of the same age). If concerns exist, please describe how this problem affects the child or others.

Comments/concerns about this child's learning/school work/homework (compared to other children of the same age). If concerns exist, please describe how this problem affects the child or others.

Comments/concerns about this child's mood or emotional state in the home/school/community setting (compared to other children of the same age). If concerns exist, please describe how this problem affects the child or others.

continued ►



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

Developed by Valerie Krall, LPA, LPC, MAHEC Family Health Center, Asheville, N.C. Copyright © 2023 Valerie Krall. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: <https://www.aafp.org/pubs/fpm/issues/2023/0500/practice-pearls.html>.

Describe how long each problem has been happening and any patterns that you observe.

Describe any life/home/school changes or stressful events that have taken place in this child's life (even if they seem small).

Describe the strengths and good qualities that you observe in this child.

Describe any strategies that have been used to address concerning behaviors.

Describe any other resources/support people/strategies that you think could be helpful to this child.

Other comments:

Thank you very much for your time and input.