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?

☐ Mother   ☐ Father   ☐ Daughter   ☐ Son   ☐ Grandparent   ☐ Spouse   ☐ 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.

Behavior/Reaction Checklist (Please check the box <u>if it applies to the child</u>.)

Before the death	After the death	Behaviors/Reactions
		School
☐	☐	• Not paying attention in class
☐	☐	• Grades dropping
☐	☐	• Absence from school
☐	☐	• Poor behavior in school
☐	☐	• Overly tired or sleepy
☐	☐	• 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