



Dear Client,

Welcome to PlusFour Solutions, an organization dedicated to providing guidance through the use of psychological testing and individually tailored assessments in addition to consulting and expert testimony for clients engaged with the court system.

As part of a PlusFour Solutions assessment process, you have been asked to read and complete the attached packet of documents. These documents have been carefully prepared and assembled to guide you in understanding the assessment or consulting process. The task before you may require a lot of time on your part. The more thorough you are in providing detailed current and historical information about yourself or a child, the better equipped Dr. Newton will be in placing test data in context and being of assistance.

It is not necessary that this completed packet be turned in before the initial appointment. While your responses may be hand written, completing the documentation using a word processor is preferable. You may return to the website to download forms without going through the registration process again.

The transmission of personal information should remain private and confidential and Dr. Newton utilizes encryption services to send and receive documents. You are requested to send documents or responses to questionnaires using the encryption process located on the PlusFour Solutions website. In addition, you will receive confidential documents from Dr. Newton through a web-based process using state-of-the-art encryption services. While sending and receiving takes a few additional steps, your private data is always very secure and protected.

I look forward to our collaboration and appreciate your investment of time and resources.

Sincerely,

A handwritten signature in black ink that reads "S. Newton, Ph.D." in a cursive style.

Steve Newton, Ph.D.
Licensed Clinical and Forensic Psychologist
Director, PlusFour Solutions



Client Registration *Child / Adolescent*

Child / Adolescent Name _____ Gender M F

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email Address _____

Date of birth _____ Age _____ Race / Nationality _____

Lives With: _____ School Name: _____

School Address _____ Grade _____

	Mother/Guardian	Father/Guardian
Name		
Address		
City/State/Zip		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Occupation		
Company		
Work Address		
Relationship to Child <small>i.e. biological, adoptive, step parent, guardian, etc.</small>		
Parent Age		
Highest Grade Completed		



Informed Consent Agreement

Risk Assessment

I understand that in order to conduct a Risk Assessment, there must be a clear understanding and agreement about confidentiality, Dr. Newton's role, procedures and fees. I understand that Dr. Newton will conduct all procedures, analyze all test data, and prepare a report of his findings and recommendations. I agree that all test materials, results, and reports are the property of *PlusFour Solutions*.

Scope and Process

I acknowledge that Risk Assessment is a complex task that requires information to be collected from a variety of sources. I understand that the process involves time spent face-to-face, including a clinical interview, psychological testing and the gathering of historical data. I understand that data from psychological tests must be analyzed in context, which requires the assembling of both current and historical information. I recognize that the context of a person may include information about development, health, education, family, personal interests and relationships.

I understand that psychological tests involved with Risk Assessment may include standardized personality tests, as well as projective tests, questionnaires and drawings. I acknowledge that once psychological tests have been administered, they must be scored and interpreted. I accept that these tasks require additional time above and beyond that which is spent in direct contact, and are necessary before any summary, letter or report can be created.

I acknowledge that psychological testing and Risk Assessment are specialties and may only be performed by individuals with the proper training and license. I am aware that Dr. Newton is a California licensed clinical psychologist who has practiced in this area for more than twenty years. I recognized that he is trained in Risk Assessment, and has conducted hundreds of such assessments for local schools and Bay Area families.

I understand that Dr. Newton does not provide treatment, therapy or counseling, and that his practice consists solely of testing and evaluations. If recommendations for follow up are appropriate, I am aware that Dr. Newton will provide names and contact information of professionals in the area.

I acknowledge that Dr. Newton will make every effort to complete the Risk Assessment in a timely manner. I recognize that in some instances, it may be necessary to contact an individual to confirm information. I accept that Dr. Newton has no control over the availability of these individuals or sources of information.

I understand that the school administration uses the information provided by Dr. Newton to make a decision. I recognize that Dr. Newton has no control over the process a school may employ to review the results of a Risk Assessment, or make a proper determination about a student's return to school. I understand that the decision to allow my student to return to school is not made by Dr. Newton. I accept that his role is to assess risk factors, and provide an analysis to the school administrators or counselor.

Confidentiality

I understand that the procedures and data gathering that occurs during a Risk Assessment are not confidential. I acknowledge that this is unlike traditional therapy, and there is an expectation that all of the data collected from interviews, tests and questionnaires will be shared with all parties.

I am hereby informed that all information obtained in the Risk Assessment process may be shared with school administrators and/or the referring party. I understand that part of the assessment process may involve a discussion between Dr. Newton and teachers or administrators, counselors, therapists or other adults, as identified. I recognize that such interviews allow for the gathering of historical data and observations, as well as the sharing of Dr. Newton's preliminary observations and findings.

I understand that Dr. Newton will inform the student who is assessed that all information will be shared with the school, and any other individuals deemed appropriate by Dr. Newton (i.e. a therapist or counselor).

Should I decide that this final document is not to be released, I agree to notify Dr. Newton and the school of my decision. I acknowledge that parents or legal guardians of a minor child do have the final say regarding the release of a report, and in requesting that Dr. Newton delay or stop the risk assessment process and cease any additional communication regarding his findings.

I recognize the following exceptions to parent/guardian rights:

- 1) I understand that if Dr. Newton believes or suspects that a child, an elderly person, a disabled person or anyone else is being abused due to my neglect, assault, battery or sexual molestation, that he is bound by law to file a report with the appropriate agency. I understand that he does not have any authority to investigate the situation after it is reported, and that his report may trigger an investigation by an agency.
- 2) I acknowledge that California law requires the reporting to appropriate agencies in cases where there is a reasonable suspicion or evidence of child abuse, elder abuse, stated intention to injure another party or imminent danger of harming oneself, or inability to function or care for oneself. I understand that if Dr. Newton discovers that a threat exists to specific person, organization or that the risk for violence in general is high, that he has a duty to warn others, and may do so even if I, as parent/guardian, discontinue the Risk Assessment and not share Dr. Newton's findings.
- 3) I understand that Risk Assessment is meant to protect the student and others, and that the usual confidentiality guidelines that regulate therapy do not apply in the same ways.

Release of Information and Records

I understand that Dr. Newton will maintain all notes, documents and test data in a safe and proper manner in accordance with applicable laws for the state of California. I understand that in most cases, a letter, summary, or report will be the final product of this assessment process. I understand that clerical staff may help organize materials and assist Dr. Newton with clerical tasks. I understand that these individuals provide clerical/administrative support only, and have signed a confidentiality agreement.

I am aware that Dr. Newton will review the final report with me, as parent/guardian, prior to its release. I accept that the final report may be delivered to authorized individuals in a variety of ways including: printed copy sent by mail, facsimile or digital copy; when a digital copy is sent, it will be sent encrypted as a *Certified Mail* (e-mail) product.

I agree to sign any and all releases necessary to obtain reports or information from others who may supply relevant data (including but not limited to: psychiatrists, psychologists, therapists, teachers, school officials, pediatricians, etc.).

Fees and Payment

I understand that Dr. Newton's fee for conducting risk assessment is \$240.00 per hour, and applies to time spent interviewing, administering tests, reviewing documents, telephone conversations, conferences, correspondence and report writing. I am aware that an initial deposit of \$1500.00 is due at the first session. I acknowledge that this fee includes an urgent response which recognizes the need to prioritize

this risk assessment ahead of other client families in Dr. Newton's practice; so that the school can be provided information quickly and make a timely response.

I understand that the person(s) designated as financially responsible for the account will be provided with an itemized statement following the release of the final report. I am aware that this statement will include confirmation of my initial deposit and final payment, and that it will be itemized and will correlate charges with appropriate CPT codes. I understand that the person(s) financially responsible for the account will be billed for the balance due upon completion of the testing. Should the initial deposit be depleted, I am aware that the family will be notified and the person financially responsible for the account will be billed for the balance due upon completion of the assessment.

I understand that the final report will not be released until the balance due is paid in full. I agree that in consideration for services provided, I am obligated to pay for all services billed by PlusFour Solutions. Shall the account be referred to an attorney for collection, I agree to pay reasonable attorney's fees and collection expense. I understand that all delinquent accounts are subject to delinquency fees.

I recognize that a number of tasks can add to the cost of an assessment: review of documents (such as prior reports), collateral contacts with individuals (parents/guardians, teachers, therapists or doctors, etc.), and the administration of special test procedures to better identify a specific problem or need. I understand that costs may also be increased for urgent responses, or cases when the time required to produce a report is exceptionally critical.

I understand that if my account with PlusFour Solutions is unpaid and overdue without an arranged payment plan, legal means may be used to obtain payment from me. The only information given to the court, a collection agency, or a lawyer would include my name, address, the dates of professional services, and the amount due.

I understand that PlusFour Solutions accepts payments by credit card, through PayPal and that the PlusFour Solutions PayPal link can be accessed through the website. I acknowledge that risk assessment is a specialty and may only be performed by individuals with the proper training, experience and license, and that typically, this person is a licensed psychologist or someone supervised by a licensed psychologist. I understand that due to the special training, materials, and skills required, psychological assessment is expensive, though rarely covered by insurance.

I acknowledge that the fee also recognizes the special skills and training necessary to assess risk in children and adolescents and discriminate among factors which run the continuum from normal angst and/or drama to acute need for intervention and treatment.

I have read the material above, discussed it with my attorney (if necessary), understand it, and agree to participate as outlined.

Student/child's name _____ Date _____

Signature of parent / guardian _____ Printed name and relationship to student _____



Parent Questionnaire

Child History Form

On the next several pages, you are requested to provide an extensive amount of current and historical information about your son or daughter, or someone that you know well. The more data you provide, the more focused and useful the assessment process will be.

I believe it will take a considerable amount of time and effort to complete this task, and I appreciate your willingness to complete this form quickly. The information requested in this Questionnaire is broad and may include items that might not appear to apply to your child. However, as an expert in pediatric assessment, I must collect all types of information for all clients. Please do not omit any sections, rather, include all information known to the best of your ability. Thank you for being thorough.

Following are a series of questions that ask you to provide responses in pen on ruled paper or by use of a word processor. Items and questions are numbered consecutively; please number your responses likewise, corresponding to the item or question. In addition, begin each response with the same Key Word as is printed in bold print at the beginning of each question. While I recognize that I am requesting a lot of thought and writing, I hope to ultimately save time and more efficiently provide you with the highest quality service.

Client _____

Prepared by _____

Relationship to Client _____

Date _____

Person financially responsible for
account _____

Please send personal information and responses to questionnaires to Dr. Newton using secure technology and not as a routine email attachment. A link to an easy-to-use encryption service is available on the PlusFour Solutions website, for just this purpose. You do not have to register; you simply attach the document(s) to an email message and hit "send."

Use separate pages for responses, do not write here

Reason for Evaluation

1. Briefly describe the problems or concerns that prompted the decision for this evaluation.
2. For how long has there been a history of these concerns?

Family History and Dynamics

3. **Family Members:** List the members of the child's family of origin including siblings, stepparents, stepsiblings, etc. Give the name of the family member (first and last), current age, area of residence and career or area of employment for each. Note year of death if applicable.
4. **Living Arrangements:** Please describe current living arrangements. Include blended family members, with whom the child lives, and custody and visitation arrangements, if applicable.
5. **Ethnicity and Family Culture**
 - a) Where was this child born?
 - b) What is the ethnicity of the biological parents and how would you describe the ethnicity of this child?
 - c) What language is spoken in the home on a routine basis?
 - d) What other languages are spoken in the home?
 - e) Describe the extent to which cultural / country of origin practices are part of the home life.
 - f) To what extent are matters of faith and religion a part of this child's life? Is a place of worship attended on a regular basis?
6. **Family History**

Provide a chronological listing, with month and year when possible, of major family events. This list should include moves, births, deaths, major illnesses, major financial shifts, persons coming to live in the home and any other event that has been traumatic or significant.
7. **Family Dynamics**
 - a) Who lives in the primary home with the child?
 - b) To what extent does this child participate in family activities (i.e., meals, holidays, birthdays)?
 - c) How well does this child get along with siblings?
 - d) Is this child alienated particularly from either parent?
 - e) Who acted as the primary care giver to this child prior to adolescence?
 - f) Who is the primary parent and what is the nature of the bond between this child and each parent?
 - g) Have there been nannies or au pairs involved in this child's life?
 - h) Has this child ever lived outside of the primary home for long periods of time?
8. **Parental Dynamics**
 - a) Discuss the health of the marital relationship from each parent's perspective.
 - b) Describe parental personality or emotional traits that may contribute to stress within the family.
 - c) Contrast the parenting style of each parent.
 - d) Describe this child's ability to split and manipulate each parent.

Educational History

Please provide school records, report cards, copies of school related documents. Either make clear and legible copies of all documents or provide the file for Dr. Newton to review.

9. Does the child like school?
10. Provide a list, by grade, of the schools this child has attended and is currently attending.

11. Include academic progress and comments as well as social/behavioral progress and comments for *each grade*. Describe any comments, concerns or questions raised by teachers, tutors or school personnel.
12. Describe any educational programs and tutoring in which this child has participated (i.e., Gifted and Talented Program (GATE), Sylvan Learning, Kumon, etc.).
13. Has this child received/qualified for Special Education Services (SST / 504 Plan / IEP)? If yes, please describe what services the child has received or is receiving and the dates of any Individualized Educational Plan (IEP/504 Plan).
14. Please list, by relationship to the child, anyone in the immediate or extended family (including parents, siblings, grandparents, aunts and uncles, cousins) with a history of learning disabilities.

Developmental History

15. Pregnancy

- a) Please describe the biological mother's health during pregnancy.
- b) Did the mother use alcohol, marijuana or other drugs during the pregnancy?
- c) Describe the delivery and any complications, birth defects and APGAR score if known.

16. Milestones

- a) Please describe developmental milestones including approximate ages for crawling, walking, talking and toilet training.
- b) Did problems with bed wetting or soiling continue later into childhood?
- c) Address motor coordination, speech, stamina and strength.

17. **Evaluations** If your child has been evaluated previously and there are prior psychological, psycho-educational, educational, speech/language, occupational therapy assessments, please list the providers and dates of testing, and provide copies of the test reports.

Social History

18. Relationships

- a) How well does this child relate to his/her peers? With adults?
- b) Does this child associate primarily with peers his or her own age? Older peers? Younger peers?
- c) Does this child make positive choices in friendships? What does he/she value in a friendship? Are there problem or risky behaviors associated with this child's friends?
- d) How well does this child meet new people?
- e) Is the child comfortable in social settings? How well does this child handle novel social situations?
- f) If applicable, at what age did you begin to see problem behaviors or attitudes in this child?

19. Hobbies and Interests

- a) What are this child's hobbies and extracurricular activities?
- b) How does this child prefer to spend leisure time?
- c) Comment on time spent with television, books, video games and the Internet.
- d) Describe any sports involvement.
- e) What day camps or overnight camps has this child attended?

Medical History

20. Health History

- a) Describe this child's health. Are there any chronic health problems (asthma, diabetes, etc.)?
- b) Are there dental or orthodontic problems?
- c) When was this child's last physical examination? Are all immunizations up to date?
- d) Does this child wear glasses or contacts? When was the last vision screening?
- e) Does this child have trouble hearing? When was the last hearing screening?
- f) Describe all medical hospitalizations, major illnesses and history of seizures or convulsions.
- g) Please list any head trauma and indicate associated concussion and/or loss of consciousness.
- h) Address any poisonings or episodes of coma.

21. Medicine

- a) List all medications your child is taking (prescription and over-the-counter) along with the dosage and reason for each.
- b) If applicable, also include a history of past psychiatric medications with the child's response and the reason for stopping the medication; include ages and dates.

22. Sleep

- a) Describe how well this child sleeps. How well does this child settle down to sleep?
- b) Is this child a restless sleeper? Does he/she sleep through the night?
- c) Is there an inverted sleep routine (up late at night, sleep all day)?
- d) Are there any routines or rituals associated with bedtime and/or sleep?
- e) Have there been any recent changes in the child's sleep patterns?
- f) Does his child experience nightmares or night terrors? Sleep Walking? Sleep talking?
- g) Does this child take any medication for sleep?

Mental Health Background

23. Family Mental Health Concerns Please list, by relationship to the child, anyone in the immediate or extended family (including parents, siblings, grandparents, aunts and uncles, cousins) with a history of mental illness, emotional instability, eating disorder, depression, anxiety or extended mental health treatment.

24. Inpatient Treatment Please provide dates, duration, treating physicians, reason/diagnoses and location of any inpatient psychiatric hospitalizations.

25. Outpatient Treatment List in chronological order, with dates and duration, all counseling and therapy in which your child has been involved. Please provide names of therapists, contact information, reason and outcome of the therapy or outpatient treatment.

26. Self-Harm

- a) Has this child ever attempted suicide? Threatened suicide?
- b) Has this child ever scratched, cut or burned himself or herself deliberately *without* the intent of dying?
- c) Has this child known anyone who attempted or committed suicide? Is there a family history of self-harm or suicide?

27. Abuse Describe any known episodes of physical, emotional or sexual abuse or trauma that this child has experienced.

28. Substance Abuse

- a) Please describe any/all known experimentation with cigarettes, marijuana, alcohol and other drugs. If known, give approximate date of initial use.
- b) In your opinion, does this child have a substance abuse or dependency problem?
- c) To what extent is the child's smoking, alcohol use or drug use out in the open versus hidden and secretive?
- d) Does this child associate with peers who abuse illegal substances?
- e) Do any relatives have a history of substance abuse, dependence or treatment for alcohol or drug use?

Legal History

- 29. Describe any history of illegal involvement for this child (i.e., shoplifting, citations for curfew violation, tagging, possession of illegal substances, DUI, etc.).
- 30. Has this child ever been in juvenile hall? If yes, provide dates and length of stay.
- 31. Is there a history of legal problems for anyone else in the family?
- 32. Is there a family history of violence? Does anyone in the family own a gun?
- 33. Does this child have access to a gun or other weapons?
- 34. Has Social Services or Child Protective Services (CPS) ever been involved with the family?

Devereux Scales Behavior Check List

Please use this form to rate the behavior patterns of the child, adolescent or young adult in question. Be as honest and objective as you can. Use the final page to make comments and note exceptions.

NOTE: This form describes a number of behaviors seen in children or adolescents. Please answer each question carefully. For some parents this form addresses behavior that appears not to apply to the individual in question. While this is a clinical instrument, it is still requested that it be completed *in all cases*. This form is used with all families and its inclusion here does not presuppose that the individual is being assessed due to emotional or behavioral related issues. Data from this form will be as helpful in educational and learning evaluations as for more clinical assessments. *All children must have their behavior screened, even in assessments that are Educational only in nature.*

Client Name _____ Age _____ Grade _____

Rater's Name _____ Date of Rating _____

Relationship _____

How long have you known the person being rated? _____

Instructions: Read the statement that follows the phrase: *In general, how often does (name) . . .* and fill in the box underneath the word that tells how often you observed the behavior. Answer every question without skipping any.

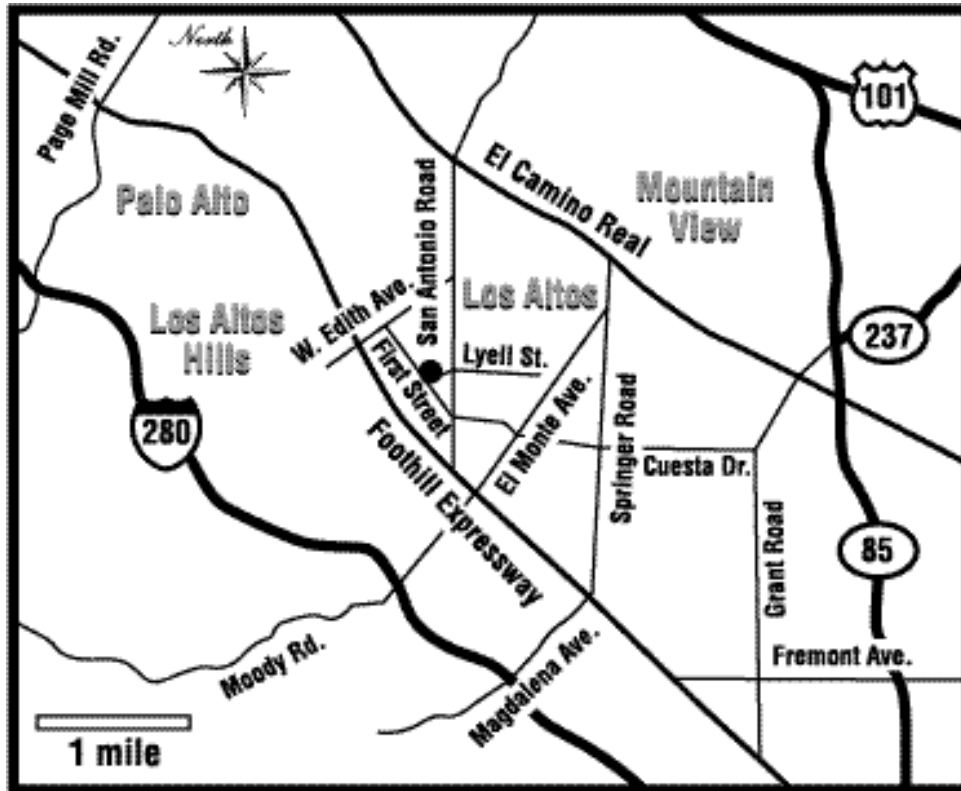
	<i>In General, how often does (name)...</i>	Never	Rarely	Occasionally	Frequently	Very Frequently	
1	withdraw from or avoid social contacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
2	skip or “cut” classes or miss work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
3	appear discouraged or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
4	say that people picked on or did not like him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
5	avoid interaction with peers in social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
6	not show joy or gladness at a happy occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
7	refuse to go to school or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
8	have difficulty making or keeping friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
9	act timid or shy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
10	show a strong fear of rejection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11	say that people were against him/her (spreading rumors, planning harm, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
12	Have difficulty sleeping through the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
13	show no interest in more than one activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
14	cheat or steal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
15	refuse to participate in activities that used to be enjoyable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16	worry a lot about past behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
17	appear unaware of how others felt toward him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
18	refuse to speak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
19	state that he/she is worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
20	appear over concerned or anxious about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
21	appear uncomfortable or anxious with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
22	insist on following a fixed routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
23	complain of physical problems (headaches, nausea, dizziness, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
24	appear bossed or dominated by peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
25	speak in a disorganized way that did not make sense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
26	appear sleepy or tired during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
27	cling to adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
28	get taken advantage of by others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
29	refuse to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
30	appear unemotional or without feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
31	remain alone or isolated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
32	show no concern about personal hygiene or cleanliness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32

	<i>In General, how often does (name)...</i>	Never	Rarely	Occasionally	Frequently	Very Frequently	
33	have considerable and sustained interest in sexual activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
34	express fears that were unreasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
35	appear devastated when a friendship ended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
36	have a blank expression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
37	fail to show pride in his/her accomplishments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
38	appear confused by activities happening around him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
39	use alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
40	appear unaware of what was going on around him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
41	mumble or make unusual vocal noises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
42	complain about his/her looks (attractiveness)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
43	repeat certain words or phrases over and over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
44	choose to socialize with younger peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
45	blame himself/herself when not at fault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
46	get startled or act jumpy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
47	make strange facial expressions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47
48	repeatedly make odd movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
49	rock back and forth while sitting or standing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49
50	say that others knew what he/she was thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
51	repeat words spoken in his/her presence in an automatic (parrot-like) fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51
52	appear overly high in mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52
53	state that he/she has special powers or was someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53
54	fail to control his/her anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54
55	disregard the feelings of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55
56	demand adult approval and praise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56
57	have difficulty separating fact from fantasy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57
58	engage in inappropriate sexual activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58
59	become easily upset or angry when frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59
60	make up or use words in a strange way that had no meaning to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60
61	destroy or damage property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61
62	have difficulty paying attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62
63	tease or bully others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63
64	insist on doing things his/her way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64
65	hurt (hit, kick), push, or physically threaten others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65
66	state a desire to be a person of the opposite sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66
67	engage in compulsive acts or rituals (hand washing, hair pulling)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67

	<i>In General, how often does (name)...</i>	Never	Rarely	Occasionally	Frequently	Very Frequently	
68	appear obsessed or preoccupied with a specific object / idea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68
69	fail to show regret for wrong things he/she had done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69
70	show an interest in violence, death, accidents, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70
71	act sneaky or deceptive in what he/she did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71
72	hit, bite, cut, burn or otherwise injure himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72
73	exploit or take advantage of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73
74	act bossy or dominate others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74
75	act unpredictably?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75
76	act impatient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76
77	have trouble with concentration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77
78	appear easily distracted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78
79	become easily overexcited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79
80	threaten or attempt suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80
81	refuse to do what is asked of him/her (homework, chores, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81
82	overreact to changes in the environment or routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82
83	blame others for his/her own actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83
84	become irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84
85	pull out his/her hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85
86	argue with adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86
87	fidget or appear restless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87
88	appear easily annoyed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88
89	fail to finish things he/she started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89
90	avoid discussing problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90
91	eat or attempt to eat inedible objects (dirt, garbage, sticks, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91
92	suddenly change moods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92
93	act without thinking (impulsively)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93
94	hold a grudge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94
95	make himself/herself throw up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95
96	eat excessively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96
97	say that external forces were controlling his/her behavior or thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97
98	run away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98
99	demand attention from adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99
100	have hallucinations (report hearing, seeing, things that were not there)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100
101	set or threaten to set a fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101
102	hurt or tortured animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102
103	tell lies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103
104	brag or act boastfully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104
105	talk about suicide or death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105
106	resent or object to being told what to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106

	<i>In General, how often does (name)...</i>	Never	Rarely	Occasionally	Frequently	Very Frequently	
107	become easily upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107
108	act loud and boisterous (wild or noisy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108
109	appear unconcerned about how others felt toward him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109
110	show an interest in weapons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110
111	handle a gun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111
112	threaten violence toward another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112
113	become physically aggressive or violent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113
114	spend more than two hours on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114
115	spend time reading a book not assigned for a class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115
116	visit pornographic sites on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116
117	volunteer to do an unassigned chore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117

Please state as clearly as possible the problems, which concern you, regarding this child, adolescent or young adult:



425 First Street, Suite E , Los Altos, CA 94022
Main Number: (650) 949-2440

Directions

From 280: Take the El Monte Exit East. Follow El Monte to Foothill Expressway and turn left at the stoplight. At the next stoplight, make a right turn onto San Antonio and stay to the left. Make a left turn at the stoplight onto First Street. One block down is Lyell Avenue.

PlusFour Solutions is at the corner of Lyell and First Street. Parking is available behind the building, off Lyell.

From 101: Take the San Antonio Exit West. Follow San Antonio it's full length, across El Camino Real until you almost reach Foothill Expressway. Turn right onto Lyell Avenue.

PlusFour Solutions is at the corner of Lyell and First Street. Parking is available behind the building, off Lyell.