



## Consent for ARISE Child and Family Early Recognition Screening

*Please Print Information*

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ School Name: \_\_\_\_\_  
Child's age: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_ to participate in the Early Recognition Screening. I have completed the Pediatric Symptoms Checklist form for my child, which will be scored by the Early Recognition Screening Specialist with the ARISE Child & Family Service. I understand that I will be notified with the results by letter or phone.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Please call the Early Recognition Screener at ARISE at (315) 671-3090

Have you heard of ARISE's Early Recognition Screening Program? YES

NO

If yes, where have you heard of ARISE's Early Recognition Screening Program?

Radio

Television

Movie Theater

Billboard

Other

Child's Name \_\_\_\_\_ Record Number \_\_\_\_\_  
 Today's Date \_\_\_\_\_ Filled out by \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

### Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

	Never (0)	Sometimes (1)	Often (2)
1. Complains of aches/pains	1 _____	_____	_____
2. Spends more time alone	2 _____	_____	_____
3. Tires easily, has little energy	3 _____	_____	_____
4. Fidgety, unable to sit still	4 _____	_____	_____
5. Has trouble with a teacher	5 _____	_____	_____
6. Less interested in school	6 _____	_____	_____
7. Acts as if driven by a motor	7 _____	_____	_____
8. Daydreams too much	8 _____	_____	_____
9. Distracted easily	9 _____	_____	_____
10. Is afraid of new situations	10 _____	_____	_____
11. Feels sad, unhappy	11 _____	_____	_____
12. Is irritable, angry	12 _____	_____	_____
13. Feels hopeless	13 _____	_____	_____
14. Has trouble concentrating	14 _____	_____	_____
15. Less interest in friends	15 _____	_____	_____
16. Fights with others	16 _____	_____	_____
17. Absent from school	17 _____	_____	_____
18. School grades dropping	18 _____	_____	_____
19. Is down on him or herself	19 _____	_____	_____
20. Visits doctor with doctor finding nothing wrong	20 _____	_____	_____
21. Has trouble sleeping	21 _____	_____	_____
22. Worries a lot	22 _____	_____	_____
23. Wants to be with you more than before	23 _____	_____	_____
24. Feels he or she is bad	24 _____	_____	_____
25. Takes unnecessary risks	25 _____	_____	_____
26. Gets hurt frequently	26 _____	_____	_____
27. Seems to be having less fun	27 _____	_____	_____
28. Acts younger than children his or her age	28 _____	_____	_____
29. Does not listen to rules	29 _____	_____	_____
30. Does not show feelings	30 _____	_____	_____
31. Does not understand other people's feelings	31 _____	_____	_____
32. Teases others	32 _____	_____	_____
33. Blames others for his or her troubles	33 _____	_____	_____
34. Takes things that do not belong to him or her	34 _____	_____	_____
35. Refuses to share	35 _____	_____	_____

Total score \_\_\_\_\_

Does your child have any emotional or behavioral problems for which she/he needs help?    ( ) N ( ) Y

Are there any services that you would like your child to receive for these problems?    ( ) N ( ) Y

If yes, what services? \_\_\_\_\_