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COULD BEHAVIORAL COUNSELING BENEFIT YOUR CHILD?

Name:	Phone #:		
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If you answered Yes to any of the above questions discuss how we can help? Yes	uestions, would you like us to call you to No □		
Does your child have behavior concerns while at school or on the bus? Yes \square No \square			
Does your child have difficulty following d to you? Yes \(\bigcup \) No \(\bigcup \)	irectives and listening		
4 days per week? Yes □ No □			
Has your child suffered a loss or traumatic event that they can't seem to stop thinking or talking about? Yes \(\text{No} \) \(\text{No} \) \(\text{Does your child have difficulty focusing on completing chores, schoolwork or other tasks? Yes \(\text{No} \) \(\text{No} \) \(\text{Does your child seem less interested in hobbies and activities than previously? Yes \(\text{No} \) \(\text{No} \) \(\text{Does your child argue with you, teachers, other students or siblings more than } \)			
		Has your child suffered a loss or traumatic	event recently? Yes 🗆 No 🗅
		Does your child seem sad or anxious more	than 3 days per week? Yes □ No □
		Does your child act aggressively toward yo adults? Yes 🗆 No 🗅	u, other children or other
Does your child seem more irritable than u	ısual? Yes □ No □		