

ID: _____

Rater Relation to Child: _____

Date Completed: _____

MM/DD/YYYY

Narrative Description of Child – Parent (IRS)

Instructions: In the spaces below, please describe what you see as your child's primary problems in each area, both at home and at school, and describe the effects of your child's problems in that area. Then, mark an "X" on the lines at the points that describe how much the child's problems affect each area and *whether he or she needs treatment or special services for the problems* (see sample below).

Sample: 3. How your child's problems affect his or her academic progress at school.

He's very inattentive. He forgets to write down assignments, does not bring home the books he needs, doesn't know how to do homework because he wasn't paying attention in class. His grades have dropped each marking period. I'm concerned that he might not pass some of his classes.

No Problem

Definitely does not need treatment or special services

_____ X _____

Extreme Problem

Definitely needs treatment or special services

1. How your child's problems affect his or her relationship with playmates.

No Problem

Definitely does not need treatment or special services

Extreme Problem

Definitely needs treatment or special services

2. Regardless of whether your child is popular or unpopular with peers, does he or she have a special, close "best friend" that he or she has kept for more than a few months?

YES NO

3. How your child's problems affect his or her relationship with brothers or sisters

My child does not have siblings

My child does not have regular contact with siblings

No Problem

Definitely does not need treatment or special services

Extreme Problem

Definitely needs treatment or special services

4. How your child's problems affect his or her relationship with you (and a parenting partner if present)

No Problem

Definitely does not need treatment or special services

Extreme Problem

Definitely needs treatment or special services

5. How your child's problems affect his or her academic progress at school

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs treatment
or special services

6. How your child's problems affect his or her self-esteem

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs treatment
or special services

7. How your child's problems affect your family in general

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs treatment
or special services

8. **Overall** severity of your child's problem in functioning and overall need for treatment.

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs treatment
or special services

4. How this child's problems affect his or her academic progress

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs
treatment or special
services

5. How this child's problems affect your classroom in general

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs
treatment or special
services

6. How this child's problems affect his or her self-esteem

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs
treatment or special
services

7. Overall severity of this child's problem in functioning and overall need for treatment.

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs
treatment or special
services