FIGURE 4.6. Assessment of the child’s behavior in play sessions.

Date ___________________ Which session _____________________
Child’s age ___________ (years) _______ (months)

1. Age-appropriateness of child’s play (check one)
   Regressed _____ Average _____ Advanced _____
   Notes:

2. Mood/quality of child’s play (check all that apply)
   Happy _____ Sad _____ Anxious _____ Scattered _____ Creative _____
   Aggressive _____ Passive _____ Other (describe) ________________________
   Notes:

3. Themes in child’s play (check all that apply)
   Abandonment _____ Nurturance _____ Anger _____ Fear _____
   Loneliness _____ Danger _____ Other (describe) ________________________
   Notes:

4. Ability to separate from parent/caretaker
   Appropriate for age _____ Inappropriate _____
   Notes:

5. Ability to relate to worker:
   At beginning of session _____ In middle _____ At end _____
   In second session _____ In third session _____
   Notes:

6. Ability to concentrate in session
   Good _____ Moderate _____ Distractible _____
   Notes:

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FIGURE 4.9. Situational factors in the assessment of the child. This form is one part of a three-part assessment of the child, which also includes an assessment of individual factors (Figure 4.8) and an assessment of the child’s support system (Figure 4.10).

1. Nature of problem
   a. Presence of loss factors
      Separation from family members (list relationship and length of separation) ________________________
      Death of family members (list relationship and cause of death) ________________________
      Loss of familiar environment (describe) ________________________
      Loss of familiar role/status (describe; temporary or permanent?) ________________________
      Loss of body part or function (describe, with prognosis) ________________________
   b. Presence of trauma/violence
      Witnessed: Verbal _____ Physical _____
      Experienced: Verbal _____ Physical _____
   c. Presence of life threat
      Personal (describe) ________________________
      To family members (describe, identifying relationship) ________________________
      To others (describe) ________________________
   d. Presence of physical injury or pain (describe) ________________________
   e. Element of stigma/shame associated with problem (describe) ________________________

2. Psychosocial and environmental problems (list problems) ________________________

3. Onset and duration of problem
   a. Chronic (give details, including child’s age at onset and frequency of occurrence) ________________________
   b. Acute (give child’s age and duration of problem) ________________________

4. Involvement of others
   a. Nature of involvement (describe) ________________________
   b. Perception of support: Sufficient _____ Insufficient _____

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FIGURE 4.10. Assessment of the child’s support system. This form is one part of a three-part assessment of the child, which also includes an assessment of individual factors (Figure 4.8) and an assessment of situational factors (Figure 4.9).

1. Nuclear family members
   a. How responsive are they to the child’s needs? Not at all ___ Somewhat ___ Very ___
   b. To what extent is the child included in discussions about “the problem situation”?
      Frequently ____ Never ____ Sometimes ____
   c. Do parents tend to show a judgmental attitude toward the child’s behavior?
      Yes ____ No ____

2. Extended family members
   a. How frequently are they in contact with the child?
      Rarely ____ Monthly ____ Weekly ____ Daily ____
   b. Describe nature of the relationships, indicating who is the most supportive relative to the child.
   c. To what extent do the views of the extended family differ from or agree with those of the nuclear family on matters pertaining to the child? (give details)

3. School/peers/social network
   a. Child’s grade in school ______
   b. Child’s friendship network: How many friends does child have?
      Many ____ “A few” ____ None ____
   c. Would child like to have more friends than he or she has? Yes ____ No ____
   d. How many days after school, on the average, does the child play with another child?
      Most days __________ Once or twice ______ Never ______

4. Religious affiliation
   a. Does the child/family participate in religious services?
      Yes ____ (If yes, give name of religious group:) ____________________________
      No ____
   b. If yes, indicate how frequently the child/family participates:
      Weekly ____ Major holiday observances ____ Rarely ____

5. Neighborhood/school activities
   a. Is the family involved with neighborhood/school activities? No ____ Yes ____
   b. If yes, describe ________________________________

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FIGURE 10.2. Factors precipitating placement decision.

1. Parental behaviors (list all that apply, identify relevant individual, and give dates):
   Abuse (describe) __________________________________________________________
   Neglect (describe) ______________________________________________________
   Abandonment (describe) __________________________________________________
   Imprisonment (reason) ____________________________________________________
   Addiction (describe) _____________________________________________________
   Physical/mental ill health (describe) _______________________________________
   Death (give date and cause of death, including child’s involvement) ___________

2. Child behaviors (describe in detail) _________________________________________
   Frequency __________________________________________________________________
   Responses of adults _________________________________________________________
   Child’s reactions to adult interventions ______________________________________

3. Environmental/social conditions (describe the environment in which the child lived prior to placement) ________________________________

(continued)
FIGURE 10.2. (continued)

Presence of after-school activities/sports/recreational programs __________________________

_________________________________________________________________________________

Neighborhood atmosphere (check applicable items):

Safe _____  Unsafe _____

Presence of drugs: Yes _____  No _____  Not sure _____

Influence of peers: Positive _____  Negative _____

Presence of positive role models: Yes _____  No _____  Not sure _____

4. Traumatizing experiences in child’s history (list all that apply):

Physical abuse (specify perpetrator, frequency, and form) __________________________

_________________________________________________________________________________

Sexual abuse (specify perpetrator, frequency, and form) __________________________

_________________________________________________________________________________

Other traumatic experiences, either witnessed or experienced __________________________

_________________________________________________________________________________
**FIGURE 10.3.** Individual and family factors related to placement.

Relevant information from genogram
- Position of child in family
- Extended family (location and degree of involvement)

Status of parents (current, and at the time of child’s birth)
- Ages: Mother, Father
- Quality of parental relationship

Employment:
- Mother
- Father

Medical:
- Mother
- Father

History of addictions:
- Mother
- Father

History of court involvement:
- Mother
- Father

Religious/cultural affiliation:
- Mother
- Father

Achievements/ego strengths:
- Mother
- Father

Status of child
- Age and date of birth
- School grade and adjustment
- Educational testing results
- Psychological testing summary

(continued)
<table>
<thead>
<tr>
<th>Peer involvement (describe in detail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names of and relationships with siblings</td>
</tr>
<tr>
<td>Medical history</td>
</tr>
<tr>
<td>History of physical/sexual abuse (describe in detail)</td>
</tr>
<tr>
<td>History of exposure to trauma</td>
</tr>
<tr>
<td>Separation history (including moves and previous placements)</td>
</tr>
<tr>
<td>Past coping/strengths/typical defenses</td>
</tr>
<tr>
<td>Home environment</td>
</tr>
<tr>
<td>Physical conditions (describe in detail, especially regarding child’s sleeping arrangements)</td>
</tr>
<tr>
<td>Persons living in the home (give names and relationships to the child, if any)</td>
</tr>
<tr>
<td>Length of time in current residence</td>
</tr>
</tbody>
</table>

| Previous residences: |
| Length of time |
| Reasons for moving |
Figure 10.4. Form letter to a person who died.

On this page, write a letter to the person who died. Tell this person all the things you wanted to say but never had the chance. Tell him or her all that is in your heart. Tell the person what you miss about him or her, and what you don’t miss, too.

Dear ____________________________________________,

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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FIGURE 11.2. Tripartite assessment of family circumstances.

Marital status of parents

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remarried</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(date)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parental attitudes re: status

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashamed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family composition

With whom is child currently living? (check all that apply)

- Mother
- Father
- Stepmother
- Stepfather
- Mother's boyfriend
- Mother's lesbian partner
- Father's girlfriend
- Father's gay partner
- Grandparent(s) (specify)

Siblings: No Yes Ages

Stepsiblings: No Yes Ages

Half-siblings: No Yes Ages

Others living in family with the child

With whom does noncustodial parent live?

Are there children from this relationship? No Yes Ages

Child's contacts with parent(s)

Does child have contact with mother?

- Yes How frequently?
- No Why not?

Does child have contact with father?

- Yes How frequently?
- No Why not?

What child has been told about whereabouts of absent parent(s)

Does child know where parent is? Yes No

If no, has child asked about the absent parent? No Yes

If yes, at what age? What was child told?

Contacts with extended family

Does child have contact with members of the extended family?

- No Yes

If yes, with whom? How frequently?

Changes in child's life over past year

Has there been a change in the family's economic status during the last year?

- No Yes If yes, explain

(continued)
Has there been a change in the custodial parent's work hours? No ____ Yes ____
If yes, give details
If yes, does this affect the child's schedule? No ____ Yes ____
If yes, give details

Child's housing history
How long has child lived in current residence? ____________________________
Where did child live previously? ____________________________
How long lived there? _______ Why moved? ____________________________

Does child share a bedroom? No ____ Yes ____ If yes, with whom? __________
Did child share a bedroom in previous residence? No ____ Yes ____
If yes, with whom? ______________________________________

Child's school history
Current grade _________________ Appropriate grade for child's age? Yes ____ No ____
If no, explain ____________________________
Current academic performance: Good ____ Fair ____ Poor ____
How long has child been enrolled in present school? ____________________________
Was child enrolled in a different school last year? No ____ Yes ____
Child's academic performance in previous school: Good ____ Fair ____ Poor ____
Why has child changed schools? (give details) ____________________________

Custody issues
Who presently has legal custody of the child?
Mother ____ Father ____ Other (specify) ____________________________
Is the child's custody under dispute? No ____ Yes ____ If yes, give details ____________________________

Presence of conflict
Are the child's parents in conflict? No ____ Yes ____ If yes, give details ____________________________
Is there conflict in custodial parent's home? No ____ Yes ____ If yes, give details ____________________________

Psychological environment of custodial home
Level of custodial parent's functioning: Good ____ Fair ____ Poor ____
Give details ____________________________
Strengths in custodial family (give details) ____________________________
Problems in custodial family (give details) ____________________________
**FIGURE A1. Individual factors in childhood bereavement.** This form is one part of the three-part assessment of the bereaved child, which also includes an assessment of death-related factors (Figure A2) and family/social/religious/cultural factors (Figure A3).

1. Age ________ years ________ months Date of birth __________________________
   Date of assessment __________________________
   a. Developmental stage: b. Cognitive level:
   Freud __________________________ Piaget __________________________
   Erikson __________________________
   c. Temperamental characteristics:
   Thomas and Chess __________________________

2. Past coping/adjustment
   a. Home (as reported by parents): Good _____ Fair _____ Poor _____
   b. School (as reported by parents and teachers): Good _____ Fair _____ Poor _____
   c. Interpersonal/peers: Good _____ Fair _____ Poor _____
   d. Hobbies/interests (list) __________________________

3. Medical history (as reported by parents and pediatrician)—describe serious illnesses, operations, and injuries since birth, with dates and outcome __________________________
   __________________________
   __________________________

4. Past experience with death/loss—give details with dates and outcome or complete Wolfelt’s Loss Inventory __________________________
   __________________________
   __________________________

FIGURE A2. Death-related factors in childhood bereavement. This form is one part of the three-part assessment of the bereaved child, which also includes an assessment of individual factors (Figure A1) and family/social/religious/cultural factors (Figure A3).

1. Type of death
   Anticipated: Yes _____ No _____ If yes, how long? ______ or sudden ________________
   “Timeliness” of death: Age of the deceased ________________
   Perception of preventability:
     Definitely preventable _____ Maybe _____ Not _____
   Degree of pain associated with death:
     None _____ Some _____ Much _____
   Presence of violence/trauma: Yes _____ No ________________
     If yes, describe, indicating whether the child witnessed, heard about, or was present and experienced the trauma personally.

   Element of stigma: Yes _____ No _____
     If yes, describe, indicating nature of death, and degree of openness of family in discussing.

2. Contact with deceased
   Present at moment of death? Yes _____ No _____
     If yes, describe circumstances, including who else was present and whether the deceased said anything specifically to the child.

   Did the child view the dead body? Yes _____ No _____
     If yes, describe circumstances, including reactions of the child and others who were present.

   Did the child attend funeral/memorial service/graveside service?
     Yes _____ No _____ Which? ________________
     Child’s reactions ________________

   Has the child visited grave/mausoleum since the death? Yes _____ No ________________
     If yes, describe circumstances.

3. Did the child make any expression of “goodbye” to the deceased, either spontaneous or suggested? Yes _____ No _____
   If yes, describe.
FIGURE A3. Family/social/religious/cultural factors in childhood bereavement. This form is one part of the three-part assessment of the bereaved child, which also includes an assessment of individual factors (Figure A1) and death-related factors (Figure A2).

1. Family influences

   Nuclear family: How responding to death? Describe in terms of relative degree of openness of response.
   Very expressive _____ Moderately expressive _____ Very guarded _____  
   To what extent is child included in family discussions/rituals related to the deceased? 
   Some _____ A great deal _____ Not at all _____
   Extended family: How responding to death? Describe, as above, in terms of relative degree of openness of response.
   Very expressive _____ Moderately expressive _____ Very guarded _____  
   To what extent do the views of the extended family differ or agree with those of the nuclear family with regard to the planning of rituals and inclusion of child? 
   Very different _____ Very similar __________  
   If different, describe the nature of the disagreement ________________________________

2. School/peer influences

   Child's grade in school _______
   Did any of the child's friends/peers attend the funeral/memorial services? 
   Yes _____ No ________
   Was teacher informed of death? Yes _____ No ________
   Did child receive condolence messages from friends/peers? Yes _____ No ________
   Does child know anyone his/her age who has been bereaved? Yes _____ No ________  
   If yes, has child spoken to this person since the death? Yes _____ No ________
   Does child express feelings about wanting or not wanting peers/friends to know about the death? Yes _____ No ________
   If yes, what has the child said? ________________________________

3. Religious/cultural influences

   What is the child's religion? ________________________________
   Has he/she been observant? Yes _____ No ________
   What are the beliefs of the child's religion regarding death? ________________________________
   What about life after death? ________________________________
   Has child expressed any thoughts/feelings about this? ________________________________

**FIGURE A4. Recording form for childhood grief reactions.** This form is an extension of “Death-Related Factors in Childhood Bereavement” (Figure A2), focusing specifically on the nature of the child’s grief.

---

Age of child _____ years _____ months _____ Date of birth __________________________

Date of assessment ________________________

See the form “Individual Factors in Childhood Bereavement” (Figure A1) for recording of personal history factors.

Date of death __________________________

Relationship to deceased ___________________________________________________________

Favorite activities shared with deceased ______________________________________________

What the child will miss the most ____________________________________________________

If the child could see the deceased again for 1 hour, what would he/she like to do or say? ___

______________________________________________________________________________

Nature of grief reactions (describe) __________________________________________________

______________________________________________________________________________

Signs of the following feelings? Y = Yes; N = No

Sadness _____ Anger _____ Confusion _____ Guilt _____ Relief _____

Other _____________________________________________________________

Source of information on which this form has been completed

_____ Parent _____ Observation _____ Other

---

FIGURE A5. Crisis situation rating form. This form is one part of a three-part crisis assessment, which also includes an assessment of individual factors (Figure A6) and support system factors (Figure A7).

1. Psychosocial and environmental problems:
   List problems =

2. Anticipated or sudden ________ crisis (check where appropriate)
   Amount of preparation

3. Single ________ or recurring ________ crisis events (list discrete crisis events)
   a. __________________________
   b. __________________________
   c. __________________________
   d. __________________________

4. Solitary ________ or shared ________ crisis experience
   Number of other individuals involved ________

5. Presence of loss factor
   a. Separation from family members (list relationship and length of separation) __________________________
   b. Death of family members (list relationship and cause of death) __________________________
   c. Loss of familiar environment (describe) __________________________
   d. Loss of familiar role/status (describe; temporary or permanent) __________________________
   e. Loss of body part or function (describe, with prognosis) __________________________

6. Physical injury or pain (describe, with prognosis) __________________________

7. Presence of violence: verbal and/or physical
   a. Witnessed ________ Verbal ________ Physical ________
   b. Experienced ________ Verbal ________ Physical ________

8. Degree of life threat
   a. Personal (describe) __________________________
   b. To family members (describe, identifying relationship) __________________________
   c. To others (describe) __________________________

9. Other components of the crisis situation __________________________

FIGURE A6. Individual factors in the assessment of the child in crisis. This form is one part of a three-part crisis assessment, which also includes a crisis situation rating form (Figure A5) and support system factors (Figure A7).

1. Age _____ years _____ months _____ Date of birth __________________________
   Date of assessment _______________________
   a. Developmental stage: 
      Freud __________
      Erikson __________
   b. Cognitive level: 
      Piaget __________
   c. Temperamental characteristics: 
      Thomas and Chess __________
      Kohlberg __________
   d. Moral development: 
      Freud __________
      Kohlberg __________
   e. Temperamental characteristics: 
      Piaget __________
      Thomas and Chess __________

2. Pre-crisis adjustment
   a. Home (as reported by parents): Good _____ Fair _____ Poor _____
   b. School (as reported by parents and teachers): Good _____ Fair _____ Poor _____
   c. Interpersonal/peers: Good _____ Fair _____ Poor _____
   d. Medical (as reported by parents and pediatrician)—describe serious illnesses, operations, and injuries since birth, with dates and outcome __________________________________________
      Past or current use of medications __________________________________________

3. Coping style/ego assessment (as reported by parents and observed in interviews with child)
   a. Degree of anxiety: High _____ Moderate _____ Low _____
   b. Ability to separate from parent: High anxiety _____ Some anxiety _____ No anxiety _____
   c. Child’s ability to discuss “the problem/crisis situation”: Good _____ Fair _____ None _____
   d. Presence of symptoms (describe, including the extent to which these bind the anxiety)
      __________________________________________
   e. Defenses (list, indicating appropriateness) __________________________________________

4. Child’s past experience with crises __________________________________________
   a. Previous losses (list, giving age) __________________________________________
   b. Major life transitions/adjustments (list, giving age) __________________________________________
   c. Past experience with violence __________________________________________
   d. Other (describe) __________________________________________

5. Specific meaning of crisis to the child: Why is this crisis situation so difficult for this child at this time? (describe) __________________________________________

FIGURE A7. Support system factors. This form is one part of a three-part crisis assessment, which also includes a crisis situation rating form (Figure A5) and an assessment of individual factors (Figure A6).

1. Nuclear family members
   a. How responsive are they to the child’s needs? Not at all ____ Somewhat ____ Very ______
   b. To what extent is the child included in discussions about “the problem situation”?
      Frequently ____ Never ____ Sometimes ____
   c. Do parents tend to show a judgmental attitude toward the child’s behavior?
      Yes ____ No ____

2. Extended family members
   a. How frequently are they in contact with the child?
      Rarely ____ Monthly ____ Weekly ____ Daily ____
   b. Describe nature of the relationships, indicating who is the most supportive relative to the child ________________________________
   c. To what extent do the views of the extended family differ from or agree with those of the nuclear family on matters pertaining to the child? (give details)
      ________________________________

3. School/peers/social network
   a. Child’s grade in school __________________________
   b. Child’s friendship network: How many friends does child have?
      Many ____ “A few” ____ None ____
   c. Would child like to have more friends than he or she has? Yes ____ No ____
   d. How many days after school, on the average, does the child play with another child?
      Most days ____ Once or twice ____ Never ____

4. Religious affiliation
   a. Does the child/family participate in religious services?
      Yes ____ (If yes, give name of religious group:) ________________________________
      No ____
   b. If yes, indicate how frequently the child/family participates:
      Weekly ____ Major holiday observances ____ Rarely ____

5. Neighborhood/school activities
   a. Is the family involved with neighborhood/school activities? No ____ Yes ____
   b. If yes, describe ________________________________