

DAPA Evaluation form for kids

Name: _____

Age: _____

Date: _____

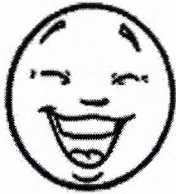
Please answer these questions yourself, or have someone help you if reading or writing is hard for you. This form will help us understand what is wrong and how we can help.

1. What is the problem that is bothering you? _____

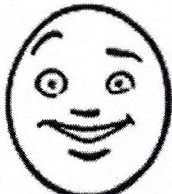
2. When did the problem start? _____

3. What has helped you feel better? _____

4. How do you feel now? (Circle one)



Very happy



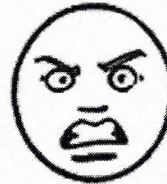
happy



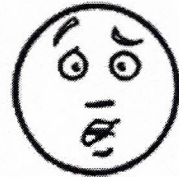
scared



sad



angry



don't know

5. Do you worry a lot? Yes or No

6. Who is your best friend? _____

7. Do you have a pet? _____

8. What do you like to do for fun? _____

9. How is school? _____

10. What is your favorite class? _____