

Concern Characteristic Sheet ©

Name: _____

Fill out one sheet for EACH concern you would like addressed.

What is the Concern? (i.e. "They abuse alcohol"):

- 1. Examples of this behavior at its worst: _____
- 2. Who was affected the most by this behavior? _____
- 3. Name all adults/children who have **witnessed** or have been **traumatized** by this behavior: _____
- 4. Who else would testify in court to your concern? _____
- 5. Did this behavior affect their parenting? **Y N**
- 6. Would any of the children agree this issue negatively affects their parenting? **Y N** If so, How much? (Circle one) **Mildly Moderately Severely**
- 7. Have you reported this behavior to any law enforcement, Child Protective Services, or other reporting agencies/professionals? **Y N**
(Provide Documentation)
- 8. Give date when this behavior was first noticed as a seriously impairing problem: **Date:** _____
- 9. As a result of this behavior, has anyone been **neglected or abused** (circle one or both) **physically, sexually, or emotionally** (circle one or more of these)?
If so, who? _____

- 10. If this behavior ever stopped (even temporarily), give date of last occurrence. **Date:** _____
- 11. Was there an initial event that started this behavior? Please explain: _____

- 12. What is the typical frequency of this behavior? # _____ times per _____ hour _____ day _____ week _____ month _____ year
Level of Concern (circle one): **Low Medium High**
- 13. What measures have you taken to respond? (e.g. Order of Protection, etc...) _____ (Provide Documentation)

- 14. Pattern over time (circle one): **Worsening Staying the Same Getting better Gone away**
- 15. Have they experienced any negative consequences from this behavior? (e.g. DUI) **Y N**
- 16. How have you typically responded to this behavior? (Circle one) **No reaction Mild reaction Severe punishment**
- 17. What level of insight do they have about this behavior? (Circle one)
Deny Mild acknowledgment Moderate acknowledgment Strong awareness Admit/Changing Corrected

- 18. Detail duration and type of treatment received for this behavior. **Complete separate "Previous Treatment Sheet"**.
- 19. How much better are they from all of the treatment received? (0-100%) _____ % (0%-None at all 100%-Cured)

- 20. Please specify all the contributing factors: Circle all relevant:
Genetic (Family History) Trauma Drug-induced Addictiveness Coercive-controlling style
Mental Health Problems Immaturity Other Factors: _____
- 21. How severely does this affect their parenting? (Circle one) **None at all Mildly Moderately Severely**

- 22. Name and phone numbers of 3 people who are willing to be interviewed who have directly observed this behavior. Rank them from 1 to 3:
() _____
() _____
() _____

- 23. Please specify the documents that support your claim. If you have not already supplied these documents, you will have 7 days to provide us with any supporting documentation. **Please label each item as text, letter, recording, personal observation, or other.**
a. _____
b. _____
c. _____

Documentation: You MUST provide copies of ALL supporting documentation at the first meeting or within 7 days after completing this form.