

Attach Applicant's  
Photograph Here



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[www.theglenholmeschool.org](http://www.theglenholmeschool.org)

## Application for Admission

**Instructions:** Please complete application and return with fee to the Admissions Office.

**Application Fee:** \$50.00 to be enclosed with completed application.

**It is the policy of The Glenholme School to consider every applicant for admission, regardless of race, religion, sex, gender, color, handicap or national origin.**

Completed by \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

Rev. 2019

Student Name: \_\_\_\_\_

### Biographical Information

**Applicant's Name** \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Citizenship \_\_\_\_\_ Religion \_\_\_\_\_

**Parents Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One: \_\_\_\_\_ Biological \_\_\_\_\_ Step-Parent \_\_\_\_\_ Adoptive

Check if Applicable: \_\_\_\_\_ Guardian \_\_\_\_\_ Full Custody \_\_\_\_\_ Joint Custody

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Business Phone \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

**Parents Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One: \_\_\_\_\_ Biological \_\_\_\_\_ Step-Parent \_\_\_\_\_ Adoptive

Check if Applicable: \_\_\_\_\_ Guardian \_\_\_\_\_ Full Custody \_\_\_\_\_ Joint Custody

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Business Phone \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

**Billing address if different than above:**

\_\_\_\_\_  
Name Address City, State Zip

**Emergency contact:** \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City, State Zip Phone

Student Name: \_\_\_\_\_

## Treatment Expectations

### Reason for Admission

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Length of Stay as Estimated at Enrollment: \_\_\_\_\_

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### Graduation Plan:

- Return to Home
- Day/Boarding Private School
- Public School
- Graduate High School/Attend College
- Post Graduate Year
- Other, Please Specify: \_\_\_\_\_

## Referral Source

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Organization / Company \_\_\_\_\_

Student Name: \_\_\_\_\_

**Problematic Behavioral Assessment**

<b>Challenging Behaviors</b>	<b>Past</b>	<b>Present</b>	<b>N/A</b>	<b>Comments</b> If "Past" or "Present" are checked, please give details.
Disruptive Behaviors				
Easily Excitable				
Difficulty responding to authority				
Excessive Lying				
Tantrums / "Melt Downs"				
Stealing				
Court Involvement				
Property Destruction / Vandalism				
Fire Setting				
Substance Experimentation				
At Risk Internet Use				
Runaway Behavior				
Oppositional / Defiant				
Sexualized Behavior				
Self-Injurious Behavior				
Verbal Aggression				
Physical Aggression with Parent/Siblings				
Cruelty to Animals				
Homicidal Ideation / Threats				
Suicidal Ideation / Threats				
Suicidal Attempt				
Suicidal Plan				
Access to Weapons				

Student Name: \_\_\_\_\_

<b>Challenging Behaviors</b>	<b>Past</b>	<b>Present</b>	<b>N/A</b>	<b>Comments</b> If "Past" or "Present" are checked, please give details.
Helpless Behaviors / Impassivity				
Regressive Behaviors				
Self Care Deficits				
Poor Social Skills				
Social Isolation				
Parent/Child Conflicts				
Poor Peer Relationships				
Dreams / Nightmares / Night Terrors				
Panic Attacks				
Hopelessness				
Impulsivity				
Hyperactivity				
Attention / Concentration Problems				
Anxious Behaviors				
Mood Swings				

Student Name: \_\_\_\_\_

**Educational History**

Current Grade \_\_\_\_\_

**Special Education Disability** (select only one):

- |   |   |
|---|---|
| <input type="checkbox"/> Not Classified                     | <input type="checkbox"/> Other Health Impairments |
| <input type="checkbox"/> Specific Learning Disability       | <input type="checkbox"/> Visual Impairments       |
| <input type="checkbox"/> Speech and Language Impairment     | <input type="checkbox"/> Hearing Impairments      |
| <input type="checkbox"/> Emotional / Behavioral Disturbance | <input type="checkbox"/> Developmental Delay      |
| <input type="checkbox"/> Autism Spectrum                    | <input type="checkbox"/> Unknown                  |

**Please forward educational records, transcripts and Individualized Educational Plan.**

Grade(s) Start with most recent	Years Attended	Name / Location	Type of School, progress, reason for leaving
_____			
_____			
_____			
_____			
_____			

Student Name: \_\_\_\_\_

**School Behaviors**

<b>Challenging Behaviors</b>	<b>Past</b>	<b>Present</b>	<b>N/A</b>	<b>Comments</b> If "Past" or "Present" are checked, please give details.
No school problem behaviors				
Angry Outbursts / Tantrums				
Conflicts with Authority				
Conflicts with Peers / Classmates				
Destruction of Property				
Disruptive Behaviors				
Physical Aggression with Peers / Classmates				
Physical Aggression with Teachers				
Impulsive Speaking Out of Turn				
Leaving Seat without Permission				
Pattern of Suspension or Expulsion				
Poor Attendance / Truancy				
Short Attention Span				
Poor Grades				
Leaving School Grounds without Permission / Skipping Classes				
School Refusal				
Use of Profanity				
Verbally Aggressive				
Withdrawn				
Repeated Grades				
Other Behaviors (Please Specify)				

Student Name: \_\_\_\_\_

### Social Relationships

Describe any problems student may have with peers \_\_\_\_\_

How does student interact with other family members / care givers? \_\_\_\_\_

How does student interact with other adults and / or authority figures? \_\_\_\_\_

Does student seek friendships with peers? Yes / No / Unsure

Is student sought out by peers for friendships? Yes / No / Unsure

Is student considered: Leader / Follower / Isolative / Unsure

Does student interact primarily with people: Same Age / Younger / Older / Unsure

### Personal Relationships

Does birth order have any impact on the student? Yes / No / Unsure

Has student started dating? Yes / No / Unsure

Is student currently involved in a relationship with someone? Yes / No / Unsure

Is student currently, or has he/she ever been sexually active? Yes / No / Unsure

Are there any issues involving sexual activity/orientation that will affect treatment? Yes / No / Unsure



Student Name: \_\_\_\_\_

### **Significant Family Events / Comments**

Describe issues of loss and abandonment, moves and divorce/custody issues, adoption. Include description of significant deaths/bereavement issues including the social, spiritual, and cultural variables that influence the perception of grief by the student and/or family.

Family Constellation:

Siblings (Name and Age):

Family Financial:

Cultural/Ethnic:

Religious Beliefs / Spirituality:

Other Concerns:

Student Name: \_\_\_\_\_

### Social Training Needs

Check all areas that are problematic for the student:

- |   |   |
|---|---|
| <input type="checkbox"/> Assertiveness                | <input type="checkbox"/> Stress Management                        |
| <input type="checkbox"/> Coping Skills                | <input type="checkbox"/> Anger Management                         |
| <input type="checkbox"/> Communication Skills         | <input type="checkbox"/> Conflict Resolution                      |
| <input type="checkbox"/> Social Skills                | <input type="checkbox"/> Establishing / Maintaining Relationships |
| <input type="checkbox"/> Other (Please Specify) _____ |   |

### Community Resources

Please check any community resources utilized by your child / family

	Community Resources	Comments
<input type="checkbox"/>	No community resources utilized	
<input type="checkbox"/>	Community Mental Health Centers	
<input type="checkbox"/>	Day Treatment	
<input type="checkbox"/>	School / Educational Services	
<input type="checkbox"/>	Outpatient Therapy	
<input type="checkbox"/>	Psychiatric Medication Management	

### Prior Treatment History / Hospitalizations

No prior treatment history

Approx. Date or Age	Inpatient, Outpatient, or Day Treatment	Hospital Name	Approx. Length of Stay	Reason for Admission

Student Name: \_\_\_\_\_

### **EKG Statement**

Children enrolling to Devereux Glenholme must have a recent routine electrocardiogram (EKG). This must have an interpretation and a specific statement of normal, borderline, abnormal, and any other unusual findings. Our purpose in requiring this is two-fold.

First, many children are enrolled on psychiatric medications or may require them if clinically needed. These psychotropic medications can have cardiovascular risks that may be serious. For example, arrhythmias and sudden death are cardiovascular risks associated with stimulant medications such as Ritalin, Concerta, Adderall, Vyvanse, and Focalin, to mention just a few. Additionally, atypical neuroleptics, such as Risperdal and Geodon, have been shown to prolong the heart's QT/QTc interval. Atypical neuroleptics also can affect blood values such as glucose, hormones, and liver enzymes.

Your child may be on these medications currently, and if so, we'd like to rule out the possibility that your child is experiencing or may be prone to experience any side effects. Also, as part of our routine psychopharmacological management, our psychiatrist needs to be aware of any existing abnormality before discussing and making medication recommendations with you.

Second, while Devereux Glenholme strives to avoid any physical management with children, in the unlikely event that this should be required for the safety of your child and/or others, we need to know if there are any cardiac issues which may be influenced or exacerbated by any physical management, and which might therefore preclude the use of these interventions.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

### Medical Information & History

#### Insurance Provider

Please provide a copy of your insurance provider's information. All students are required to have insurance in order to attend The Glenholme School. For international students please speak to our admissions staff about international insurance options.

Insurance Provider \_\_\_\_\_

Carrier Name \_\_\_\_\_

ID # \_\_\_\_\_

Is this insurance provided through the Medicaid program?      YES                      NO

#### Current health status

Illness	Yes / No	Date / Year	Comments
Chicken Pox			
Measles			
German Measles			
Mumps			
Diphtheria			
Polio			
Scarlet Fever			
Whooping Cough			
Other (Please Specify)			
Tonsillectomy			
Tubes in Ears			

Date of last physical exam \_\_\_\_\_

Date of last dental exam \_\_\_\_\_

Date of last vision exam \_\_\_\_\_

**Please remember to provide a copy of the following prior to enrollment:**

- \_\_\_\_\_ Immunizations
- \_\_\_\_\_ Recent Physical Examination
- \_\_\_\_\_ Recent Dental Examination
- \_\_\_\_\_ Insurance Card
- \_\_\_\_\_ Prescription(s)

Student Name: \_\_\_\_\_

**Medical Information & History**

Has there been a marked change in the student’s physical health? Yes / No

If Yes, Please describe: \_\_\_\_\_

Are there any pre-existing medical conditions or physical disabilities? Yes / No

Does this student know how to swim? Yes / No

**List current medical problems that are now under treatment**

Condition	Doctor	Phone

**List current / past medications**

Current Medication	Dose	Frequency	Times	Effective?	Side Effects

Past medications: \_\_\_\_\_

Of these, which were prescribed for behavioral / emotional reasons:

\_\_\_\_\_

Student Name: \_\_\_\_\_

**Medical Information & History**

Please check the following that apply

Applicant has:	Yes No	Type	List Restrictions
<b>Allergies:</b>			
Food			
Environmental			
Medication			
Bee Allergies			
Epi-Pen Prescribed?			
Other Allergies			
Asthma			
Weight Issues?			
Dietary Restrictions			
Glasses / contacts			
Hearing Impairment			
Speech Impairment			
Seizures			
Active Seizures?			
Head Injuries			
Diabetes			
Hepatitis			
Cancer			
Skin Disorders			
Accidents			
Stitches/ Scars			
Physical Limitations			
Had anesthesia?			
Reaction			
Fractures / Broken Bones			
Encopresis / Enuresis			
Hospitalizations for illness			
Surgical Procedures			

Other: \_\_\_\_\_

Student Name: \_\_\_\_\_

## Authorizations

### Services performed by Non-Glenholme Personnel

**Emergency Treatment:** I (we) recognize that an acute condition or illness might arise. In such circumstances I (we) do hereby authorize the hospitalization, surgical treatment, surgery and / or anesthesia of my (our) child (said applicant), if in the opinion of an attending physician, any or all thereof are warranted. I (we) hereby authorize any member of The Glenholme School's executive staff to execute the necessary consents thereto. I (we) understand that I (we) will be advised thereof as soon as possible and that the services of a qualified specialist will be used as the situation requires and allows. In the event of a bioterrorism attack, The Glenholme School medication certified/licensed staff, under the direction of the CDC (Center for Disease Control) and our Medical Director, is authorized to initiate and complete the necessary medical treatment. I (we) understand that I (we) will be notified of such treatment as soon as the situation allows.

**Emergency Dental & Eye Care:** Should emergency dental / eye care be needed, I (we) hereby authorize emergency treatment. I (we) understand that I (we) will be contacted by the school nurse as soon as possible.

**Medical Examinations:** I (we) authorize medical examinations with all subspecialties which Glenholme physician(s) deem medically necessary for the evaluation and treatment of my (our) child.

\_\_\_\_\_  
 Parent Initials

**Notice of campus security:** Please be advised that the school has instituted a surveillance system in internal and external common areas for purposes of student/faculty safety and security. This security system is operational 24 hours each day.

As the Parent/Guardian, I have read and understand this security measure.

\_\_\_\_\_  
 Parent Initials

Please be advised that all students and their belongings are checked upon their arrival to campus. More information can be found in the handbook.

\_\_\_\_\_  
 Parent Initials

Permission to be **photographed** allows photographs or videos to be used with the understanding that identification will be by the first name only. These include publication within brochures, articles, videos, web site, or other professional media. More information can be found in the handbook. Please refer to handbook regarding the student yearbook.

Permission **is granted**  **is not granted**

\_\_\_\_\_  
 Parent Initials

The Parents' Welcoming Committee has created a list of **current parent email addresses** for your use. You will receive this at enrollment. If you would like your name and email (to be taken from application information) to be included on this list, please grant permission.

Permission (mother) **is granted**  **is not granted**

\_\_\_\_\_  
 Parent Initials

Permission (father) **is granted**  **is not granted**

\_\_\_\_\_  
 Parent Initials

Student Name: \_\_\_\_\_

## GENERAL AGREEMENT, TERMS AND CONDITIONS

1. Devereux Connecticut, The Glenholme School will provide to Student room and board; prevocational, vocational or education services as appropriate; psychiatric medication management and psychological/behavioral services, and routine school nursing services as called for in the Student's educational or treatment plan.
2. Devereux is not responsible for Student's transportation to and from the school, medical expenses, medical insurance premiums, clothing, or other personal expenses. These expenses are the responsibility of the Student, Parent or Guardian.
3. Any 1:1 staffing, special nursing or outside professional services are billed separately and in addition to the tuition and fees for the services described in paragraph 2.
4. Parent(s)/Guardian(s) have read, understand and accept the program description materials for Student and hereby contract to enroll Student at The Glenholme School. By signing below, Parent(s)/Guardian(s) agree to pay the full annual program fee and all additional fees (the "Program Fee") according to the installment schedule set forth in Attachment "A" to this Agreement. All checks shall be made payable to "The Devereux Foundation" and delivered to Devereux Glenholme, 81 Sabbaday Lane, Washington, CT 06793, and ATTN: Student Accounts. Parent(s)/Guardian(s) agree to pay a late fee of 1% (or the highest rate allowed by law) per month on the entire unpaid balance when payment is not made on or before the due date. The Parent(s)/Guardian(s) signing below agrees that (s)he is obligated to pay all Program and late fees for the academic year, even if the Student withdraws, is dismissed or is otherwise absent. This Section 4 is not applicable with regard to a Student whose attendance at The Glenholme School is the subject of a fully-funded school district agreement that has been approved in writing by both the pertinent school district and Devereux.
5. Parent(s)/Guardian(s) agree that this Agreement is for a 12 month placement effective from the date of enrollment and will automatically renew for successive academic years, at the then-current Program Fee rates, in which Student is enrolled.
6. The Program Fee is set at the start of each fiscal year (July 1). However, fees may be adjusted by Glenholme upon thirty (30) days written notice to Parent(s)/Guardian(s). In the event Student changes program enrollment, Parent(s)/Guardian(s) agree to pay the applicable program fee then in effect from the date of transfer.
7. In the event the Student requires other services in the Devereux network, Parent(s)/Guardian(s) agree to pay the current applicable fee for such service then in effect from the date of transfer.
8. Parent(s)/Guardian(s) and Student authorize Devereux and those acting for Devereux to obtain any necessary personal, educational, medical or clinical information (including records) regarding Student and to release such information/records to other professionals, healthcare facilities, school districts, insurance carriers, government agencies or other third parties for any purpose related to Devereux's operations. Parent(s)/Guardian(s) consent to, and authorizes Devereux and those acting for Devereux to administer, or to arrange for, minor or routine medical and dental care as well as emergency medical care for Student as appropriate.
9. Devereux is not responsible for Student's personal property that is lost, damaged or stolen. Such personal property specifically includes, but is not limited to, Student's electronic devices (e.g., cell phone, laptop computer, tablet, etc.).
10. Parent(s)/Guardian(s) agree to indemnify, defend and save Devereux harmless from any and all suits, claims and causes of action of any kind, including legal fees, arising out of acts or omissions of Student or Student's guests.
11. Devereux may terminate this Agreement upon five (5) days prior written notice to Parent(s)/Guardian(s). Devereux may terminate this Agreement immediately, without prior notice if the Student presents a threat to the property, the mental or the physical health or safety of Student or any other person, and or student/ family fails to abide by treatment recommendations. Termination of this Agreement shall not reduce the amounts due for the program year.
12. No modification of this Agreement, including this paragraph, shall be effective unless embodied in a written instrument signed by both Parties. Only an authorized officer or designee is permitted to sign on behalf of Devereux. No failure of a party to enforce any provision of this Agreement, shall be deemed a waiver of any other provision or right hereunder or any subsequent breach or default.
13. If any provision of the Agreement shall be deemed by a court competent jurisdiction to be void or unenforceable then only that provision shall be stricken from this Agreement and in all other respects this Agreement shall be valid and continue in full force and effect.
14. This Agreement, including its Attachment, constitutes the entire understanding between the Parties as to the matters contained herein, and there are no terms, conditions, promises, representations, guarantees, warranties or Agreements express or implied, oral or written of any nature whatsoever except as expressly set forth in writing in this document and its Attachment.
15. Devereux will not illegally discriminate in its employment practices or in its admission decisions on the basis of race, color, national origin or ancestry, religion, sexual orientation, age, or sex. Devereux adheres to all state and federal laws regarding mandated reporting of abuse and neglect.
16. The laws of the State of Connecticut shall govern this Agreement, without regard to Connecticut conflict of laws principles.
17. All disputes arising out of or relating to this Agreement or any services provided to Student shall be resolved exclusively before the Connecticut Superior Court, venued in Litchfield County. The Parties voluntarily waive any right to litigate in any other court or forum, including without limitation the United States District Court for the District of Connecticut or in any other county in Connecticut. Both the Student and Parent(s)/Guardian(s) hereby consent to the jurisdiction of the Connecticut Superior Court venued in Litchfield County with respect to such matters. Furthermore, the Parties hereby voluntary waive any right to a trial by jury with respect to such matters.

**Disclosure Statement:** Your signature indicates your complete agreement and understanding of the terms of this contract. By signing below, you warrant that the Child's application is truthful, accurate, and that information regarding the applicant has not been withheld.

**For your reference only, signature is required upon enrollment.**



Student Name: \_\_\_\_\_

### Student Application

Please use this application to tell us about yourself and those things that are important to you. Please write in your own handwriting. You may attach additional sheets of paper if necessary.

**Applicant's Name** \_\_\_\_\_

Nickname \_\_\_\_\_

1. Why are you applying to the Glenholme School? \_\_\_\_\_
  
2. What is your favorite food (s)? \_\_\_\_\_
  
3. What are your favorite subjects in school? \_\_\_\_\_
  
4. What are your least favorite subjects in School? \_\_\_\_\_
  
5. Do you play a musical instrument? \_\_\_ No \_\_\_ Yes which? \_\_\_\_\_
  
6. Indicate activities you have engaged in and have enjoyed?  

___ Crafts	___ Boy/Girl Scouts	___ Swimming
___ Drama	___ Drawing/Painting	___ Archery
___ Dance	___ Creative Writing/Poetry	___ Skiing/Snow Boarding
___ Technology	___ Cooking	___ Basketball
___ Video Games	___ Horseback Riding	___ Lacrosse
___ Choir/Chorus	___ Community Service	___ Tennis
___ Photography	___ Gardening	___ Baseball
___ Art	___ Camping	___ Volleyball
___ Yearbook	___ Fishing	___ Hiking
___ Reading	___ Guitar	___ Soccer
___ Model Building	___ Drumming	___ Cheerleading
___ Chess	___ Keyboarding/Piano	
___ Other:	_____	

7. Complete the following unfinished sentences to show your interests.  
  
My greatest strength is: \_\_\_\_\_  
  
My greatest weakness is \_\_\_\_\_  
  
One success I had was \_\_\_\_\_



Student Name: \_\_\_\_\_

## Family Goals

The Glenholme School places a strong emphasis on the family and their involvement and commitment to the treatment process. Family involvement and support will assist in sustaining your child's social, emotional, behavioral and educational gains and will help build the foundation for his or her future.

Parents are expected to fully participate with the treatment process and the Glenholme program. This enhances and supports your child and family's accomplishments while at Glenholme. Throughout the year Glenholme offers many opportunities for you to be involved in order to be supportive to the treatment process. These are additional opportunities for learning new techniques that will benefit your child and your family.

Please respond to the following questions. Your responses will be reviewed by the Admissions Committee to assess family and child needs, as well as your commitment to the necessary partnership between your family and the Glenholme School.

1. Please describe your treatment expectations and goals for your child.
2. Describe your parenting style and any differences between parents/significant other. Describe how you will respond to feedback when presented with a change in – perception, personal behavior, attitude and home environment.
3. Was there ever a time in your child's previous educational experiences where you felt the school did not listen or cooperate with you. How did you manage this situation?
4. The Glenholme School provides many opportunities to be involved with Transfer of Treatment including family therapy, parent seminars, open houses, and campus events. How do you foresee your family becoming involved with these opportunities?
5. During your school search, how did you find the Glenholme School?

Student Name: \_\_\_\_\_

## Application Supplement Educational Consultant

\_\_\_\_\_ is working with the below listed educational consultant.

Family/ Parent

Consultant /

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I / We agree to the sharing of information regarding any academic concerns, independent school selections, and in general an open relationship that would benefit my / our child. I / We hereby authorize our educational consultant to discuss test scores of any nature, grades, teachers' comments as well as issues of a more personal nature from therapists that might be helpful in the school selection process. Once the student has enrolled in the Glenholme School this release authorizes grade reports, comments, and test reports to be sent to our educational consultant as well.

It is understood that these reports or discussions will be used only in the furtherance of determining current and future academic plans for the above student. Such information will remain confidential and shall be used in a manner to insure the protection and safeguarding of all rights provided by law otherwise.

This authorization shall remain in effect until the student has matriculated in another school or until revoked by me in writing. A photocopy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

## Family Accommodation Scale- Anxiety (FASA)

Your name:		Child's name:				
Relationship to child:		Child's age:				
<b>Participation in symptom-relation behaviors in the past month:</b>						
		Never	1-3 times a month	1-2 times a week	3-6 times a week	Daily
1	How often did you reassure your child?	0	1	2	3	4
2	How often did you provide items needed because of anxiety?	0	1	2	3	4
3	How often did you participate in behaviors related to your child's anxiety?	0	1	2	3	4
4	How often did you assist your child in avoiding things that might make him/her more anxious?	0	1	2	3	4
5	Have you avoided doing things, going places or being with people because of your child's anxiety?	0	1	2	3	4
<b>Modification of functioning during the past month:</b>						
6	Have you modified your family routine because of your child's symptoms?	0	1	2	3	4
7	Have you had to do things that would usually be your child's responsibility?	0	1	2	3	4
8	Have you modified your work schedule because of your child's anxiety?	0	1	2	3	4
9	Have you modified your leisure activities because of your child's anxiety?	0	1	2	3	4

<b><u>Distress and Consequences</u></b>	No	Mild	Moderate	Severe	Extreme
Does helping your child in these ways cause you distress?	0	1	2	3	4
Has your child become distressed when you have not provided assistance? To what degree?	0	1	2	3	4
Has your child become angry/abusive when you have not provided assistance? To what degree?	0	1	2	3	4
Has your child's anxiety been worse when you have not provided assistance? How much worse?	0	1	2	3	4

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

### FAMILY ACCOMMODATION SCALE ANXIETY (Child-Report)

**DIRECTIONS:** *To be filled out by the child.* Parents do many different things to help their children not feel anxious (worried, nervous, or scared). Please circle the number that best describes how much your parent did the things listed in the past month.

		Very Rarely	Rarely	Some Times	Often	Very Often
1	How often did your parent reassure you (like tell you that you don't need to worry, tell you something is ok)?	0	1	2	3	4
2	How often did your parent give you things to make you feel better because you were anxious?	0	1	2	3	4
3	How often did your parent participate in (do with you) the things you do because you feel anxious?	0	1	2	3	4
4	How often did your parent help you avoid things that make you feel anxious (like tell your teacher not to call on you in class, let you stay home from school)?	0	1	2	3	4
5	How often did your parent avoid doing things, going places or being with people because of your anxiety?	0	1	2	3	4
6	How often did your parent change the family routine because of your anxiety (like changing bed time, chores, or other routines)?	0	1	2	3	4
7	How often did your parent do things for you that you were supposed to do yourself, because of your anxiety?	0	1	2	3	4
8	How often did your parent change his/her work schedule because of your anxiety?	0	1	2	3	4
9	How often did your parent change his/her fun plans because of your anxiety (like cancelling an activity because you didn't want him/her to leave)?	0	1	2	3	4
		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
10	My parent gets upset when he/she helps me in these ways?	0	1	2	3	4
11	I get <i>upset</i> if my parent does not help me in these ways?	0	1	2	3	4
12	I get <i>angry</i> if my parent does not help me in these ways?	0	1	2	3	4
13	My anxiety gets worse when my parent does not help me in these ways?	0	1	2	3	4
14	When my parent helps me in these ways, I feel less anxious?	0	1	2	3	4
15	If my parent continues to help me in these ways, I feel less anxious in the future.	0	1	2	3	4
16	I believe my parent should help me <u>less</u> in these ways, when I'm anxious	0	1	2	3	4