



57 W 57 (Suite 1007)  
New York, NY 10019-2802  
212-658-0110 ext. 121  
E: [admin@kurtzpsychology.com](mailto:admin@kurtzpsychology.com)

### Screener Form: Capstone Summer Program

Please complete this form that we will review prior to scheduling your free screener call. The completed form should be sent to [admin@kurtzpsychology.com](mailto:admin@kurtzpsychology.com). Once it is reviewed, you will be contacted about a time to speak with Dr. Carly Mayer, Clinical Director of Capstone. Thank you!

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

Child Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Please answer each question below. Your answers will help guide our phone conversation to follow. The more information we have, the better we can help your child:

1. Has your child attended a half-day group program? (e.g., PreK, art/music class, summer camp)  Yes  No  Other \_\_\_\_\_
2. Has your child attended a full-day group program? (e.g., PreK, kindergarten, summer camp)  Yes  No  Other \_\_\_\_\_
3. Has your child ever been removed from a group program due to behavioral concerns?  Yes  No  Other \_\_\_\_\_
4. Are there significant concerns regarding your child's developmental milestones?  
Communication  Yes  No  Other \_\_\_\_\_  
Motor Skills  Yes  No  Other \_\_\_\_\_  
Social interactions  Yes  No  Other \_\_\_\_\_  
Daily Living Skills  Yes  No  Other \_\_\_\_\_
5. Has your child been diagnosed with any mental health disorders? (e.g., ADHD, anxiety, Oppositional Defiant Disorder (ODD), Conduct Disorder, depression)  Yes  No  Other \_\_\_\_\_  
If yes, please indicate any diagnoses: \_\_\_\_\_
6. Have you previously engaged in treatment with other providers?  Yes  No  Other \_\_\_\_\_

If yes, please share the previous providers name and contact information. We will not contact any previous providers without your consent:

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7. Is your child currently under the care of a psychiatrist or someone prescribing medication?  
 Yes  No If yes, please indicate any medications prescribed:
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Developmental Milestones:

1. My child uses the bathroom independently, without diapers or pull-ups  
 Never  Rarely  Sometimes  Often  Always
2. My child follows directions from parents  
 Never  Rarely  Sometimes  Often  Always
3. My child follows directions from teachers  
 Never  Rarely  Sometimes  Often  Always
4. My child's speech is clear to others, including those outside of the family  
 Never  Rarely  Sometimes  Often  Always
5. My child can retell a favorite story  
 Never  Rarely  Sometimes  Often  Always
6. My child counts up to 10  
 Never  Rarely  Sometimes  Often  Always
7. My child makes eye contact with adults when speaking to them  
 Never  Rarely  Sometimes  Often  Always
8. My child makes eye contact with other children when speaking to them  
 Never  Rarely  Sometimes  Often  Always
9. My child enjoys playing with other children  
 Never  Rarely  Sometimes  Often  Always
10. Other children enjoy playing with my child:  
 Never  Rarely  Sometimes  Often  Always
11. My child engages in tantrum behaviors (e.g., yelling, crying, slamming legs/arms)  
 Never  Rarely  Sometimes  Often  Always
12. My child responds violently to adults (e.g., kicking, hitting, biting) if frustrated or angry  
 Never  Rarely  Sometimes  Often  Always
13. My child responds violently to children (e.g., kicking, hitting, biting) if frustrated or angry  
 Never  Rarely  Sometimes  Often  Always

Please briefly describe any additional concerns or relevant information regarding your child:

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