For the teacher/SENCO

How to use the Psychlops Pre-therapy form

We hope that this questionnaire will help us to understand how the young person is feeling. Please sit with the young person as they fill out the form and support them to answer the questions for themselves.

Please explain to the young person that outside of the school setting this questionnaire will be anonymous i.e. this front sheet with their details will be removed from the rest of the form when the information is used for research and evaluation purposes.

Before you go through the form with the young person please fill in the information below.

The teacher/SENCO should fill this part in:

Teachers/SENCO'S name:

Name of School:

Details of young person

Name: **Age:**

Gender: **M/F**

Ethnic Group:

First language:

Date pre-therapy PSYCHLOPS completed:

N.B. Dramatherapists please check that form is completed

PSYCHLOPS Kids Version August2010 **All rights reserved © 2010, Department of Psychology, Institute of Psychiatry, King's College London**

A questionnaire about you and how you are feeling

Please answer all of the questions. There are no right or wrong answers. If there is something you don't understand then please ask. After this form is completed, your teacher/SENCO will give it to the Dramatherapist. We will ask you to fill in another form like this near the end of your course of Dramatherapy.

Dramatherapy sessions give you a place to think about the things that might be difficult in your life

Question 1

a. What are you most worried about in your life at the moment? *(Please write in the box below.)*

b. How much has it affected you over the last week?
(Please tick one box below)

0	1	2	3	4	5
☐	☐	☐	☐	☐	☐

Not at all ☺ Very much ☹

c. How long ago were you first worried about this problem?
(Please tick one box below.)

Just this week	last term	last year	longer than that
☐	☐	☐	☐

Question 2

a. Is there something else that worries you? *(Please write in the box below).*

b. How much has it affected you over the last week?
(Please tick one box below)

0	1	2	3	4	5
☐	☐	☐	☐	☐	☐

Not at all ☺ Very much ☹

c. How long ago were you first worried about this problem?
(Please tick one box below.)

Just this week	last term	last year	longer than that
☐	☐	☐	☐

Question 3

a. Is there something that's hard to do because of the problem (or problems)? *(Please write in the box below.)*

b. How hard has it been to do this thing over the last week?
(Please tick one box below.)

0	1	2	3	4	5
☐	☐	☐	☐	☐	☐

Not at all hard ☺ very hard ☹

Question 4

How have you felt this last week? *(Please tick one box below.)*

0	1	2	3	4	5
☐	☐	☐	☐	☐	☐

Very good ☺ Very bad ☹

Please use this space for any other comments/drawing/doodles