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For the Teacher/SENCO/Therapist

How to use the Psychlops Pre-therapy form

We hope that this questionnaire will help us to understand how the child is feeling. Please sit with the child as they fill out the form and support them to answer the questions for themselves. It should take no more than 10 minutes. Please explain to the child that outside of the school or therapy 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.

The Teacher/SENCO or Therapist should fill this part in:

Teacher/SENCO or Therapist's name:

Name of School/Setting:

Child's gender:

M/F

Child's name:

Child's age:

Child's Ethnic Group:

Child's first language:

**ETHNIC
DEFINITIONS**

Bangladeshi	Asian - British	Indian	Pakistani	Asian - Other	Black - African	Black - British	Black - Caribbean	Black - Other
Chinese	Latin American	Middle Eastern	White - British	White - Irish	White - European	White - Other	Mixed Ethnicity	Refused to say

Date pre-therapy PSYCHLOPS completed:

Scoring

PSYCHLOPS kids consists of three domains (Problems, Functioning and Wellbeing) which are scored. These are Q2 + Q5 + Q7, the maximum score for each question is 4 (scored 0-4), therefore total score range is 0 -12. The other questions provide useful qualitative information but are not used for scoring. Total PSYCHLOPS kids pre-therapy score: _____

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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, it will be given to your therapist. We will ask you to fill in another form like this near the end of your course of therapy.

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

1. What are you most worried about in your life at the moment?

Please write in the box below (add drawings if you want to).

2. How much has it affected you over the last week?

Please tick one box below.



0

Not at all



1



2



3



4

Very much

3. 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

4. Is there something that's hard to do because of this problem?

Please write in the box below (add drawings if you want to).

5. How hard has it been to do this thing over the last week?

Please tick one box below.

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Not at all hard 😊				Very hard 😞

6. How do you feel about going to therapy?

Please circle one of the hands below and add a word to say how you feel



7. How have you felt this last week?

Please tick one box below.



0

Very good



1



2



3



4

Very bad

8. If you had 3 wishes to help you what would they be?

1)

2)

3)



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

Thank you