

**Pathways to Mental Health**

**Assessment**

**Child Psychosocial Inventory Mental Health Specialist Assesment**

**Date:**

**Form completed by:**

**Presenting Problem:**

**1.What are the main concerns raised by the Parent?**

**2. What behaviours or risks does the child pose to engaging in the Pathways Equine / Animal Therapy Program**

**3. What are the barriers identified to engagement? (language, behaviour, transport etc)**

**4. Describe the family/home environment (e.g family breakdown, seperation, married, other children present )**

**5. Describe the child’s level of functioning:**

**Physical : Mild Moderate Severe**

**Emotional : Mild Moderate Severe**

**Development /Cognitive: Mild Moderate Severe**

**Learning: Mild Moderate Severe**

**b) does this present a barrier to engagement?**

**Strengths and Goals**

**1. What are the parents strengths to support engagement? (e.g transport, linked with support services)**

**2. What are the chils’d strengths?**

**3. What are the parents goals for the Pathways Equine Program? What are the child’s?**

**Assessment Outcome**

**Suitable for Pathways Equine / animal Assited Program Yes No**

**If yes, Preferred days and times (please list)**

**If No, was the child and family referred to alternate services, if yes please list. Yes No**

**Anything else?**