



PEERS – Screening Form
 Instructions: Please complete all fields on this form except
 “Screened By”, please leave that blank.

Parent 1:	Will Participate	Siblings:
Parent 2:	Will Participate	
Street:		
City:	CA Zipcode:	
Home Phone:	Work Phone:	Cell phone:
Fax:	Email:	
Dx:	Rx:	Insurance:
Inclusion Criteria: Teen is 7 th -12th Grade Social Problems Teen/Parent fluent in English Parent willing to participate		Exclusion Criteria Major mental illness: Physical Disability: Medical Conditions:
Behavioral Problems (Check all that apply): Classroom Homework Argumentative/Tantrums/disobeying Severe Property Destruction		
Physically hurts parents Parents afraid of child Previous hospitalization Violence/Aggression		
Social Problems (Check all that apply): No get togethers No friends in school/community Socially isolated		
Inappropriate Peer Group Aggressive/Mean to Peers Bullying/Teasing		

