Free Services Discovery Assessment

Find Your Starting Point™

For adults, caregivers, teens, couples, and families • Estimated time: 8–12 minutes

Before you begin

This questionnaire helps identify services worth exploring. It does not diagnose a mental health condition, establish a therapist–client relationship, or guarantee eligibility or placement. A qualified clinician determines whether counseling is appropriate after a clinical assessment. For a minor, a parent/legal guardian should complete the caregiver version or assist as appropriate.

Privacy: Do not include detailed trauma narratives, diagnoses, or other sensitive information on an unsecured form. Submit only through a verified secure intake process. This downloadable document is not itself a HIPAA-protected submission method.

If you or someone else is in immediate danger, call 911 or go to an emergency department. In the U.S., call/text 988 for suicide or emotional crisis support. This form is not monitored for emergencies.

About the person seeking services

Date: _____ Name or initials (optional): _____

Completed by: ☐ Adult seeking services ☐ Caregiver ☐ Teen ☐ Couple/family representative

Age range: ☐ Under 10 ☐ 10–12 ☐ 13–17 ☐ 18–24 ☐ 25–64 ☐ 65+

Primary concern in one sentence (avoid sensitive details): _____

Preferred service format: ☐ Individual ☐ Couple ☐ Family ☐ Group ☐ Unsure

How to respond

For questions 1–24, think about the past two weeks unless stated otherwise. Mark one response: 0 = Not at all; 1 = A little; 2 = Often / moderately; 3 = Very often / significantly. For questions about relationships, answer based on the person or family seeking support.

A. Emotional well-being and clinical concerns

1. I have felt persistently sad, hopeless, or less interested in usual activities.

☐ 0 ☐ 1 ☐ 2 ☐ 3

2. Worry, fear, or anxiety has disrupted my daily activities.

☐ 0 ☐ 1 ☐ 2 ☐ 3

3. Anger, irritability, or intense emotions have been hard to manage.

☐ 0 ☐ 1 ☐ 2 ☐ 3

4. Painful past experiences or reminders have affected how I feel or function.

☐ 0 ☐ 1 ☐ 2 ☐ 3

5. Grief, loss, or major life changes have been difficult to navigate.

☐0 ☐1 ☐2 ☐3

6. My sleep, energy, or motivation has been affected by emotional distress.

☐0 ☐1 ☐2 ☐3

B. Functioning and executive skills

7. Starting tasks or following through has been difficult.

☐0 ☐1 ☐2 ☐3

8. Planning, prioritizing, or managing time has been difficult.

☐0 ☐1 ☐2 ☐3

9. Attention, organization, or remembering steps has interfered with responsibilities.

☐0 ☐1 ☐2 ☐3

10. Emotional reactions or impulsive decisions have disrupted goals.

☐0 ☐1 ☐2 ☐3

11. School, work, home, or daily responsibilities have suffered.

☐0 ☐1 ☐2 ☐3

12. I need help building consistent habits, routines, or accountability.

☐0 ☐1 ☐2 ☐3

C. Relationships and family connection

13. Conflict or communication problems have strained an important relationship.

☐0 ☐1 ☐2 ☐3

14. My family or household struggles with cooperation, routines, or expectations.

☐0 ☐1 ☐2 ☐3

15. I feel disconnected, misunderstood, or that I do not belong.

☐0 ☐1 ☐2 ☐3

16. Parenting or caregiver stress has affected our family.

☐0 ☐1 ☐2 ☐3

17. Trust, boundaries, or attachment concerns have affected relationships.

☐0 ☐1 ☐2 ☐3

18. Relationship difficulties have significantly affected daily functioning.

☐0 ☐1 ☐2 ☐3

D. Education, identity, and goals

19. School participation, motivation, or attendance has been difficult.

☐0 ☐1 ☐2 ☐3

20. My current learning approach does not fit my strengths or interests.

☐ 0 ☐ 1 ☐ 2 ☐ 3

21. I would benefit from hands-on or passion-driven learning opportunities.

☐ 0 ☐ 1 ☐ 2 ☐ 3

22. I am uncertain about my strengths, identity, purpose, or direction.

☐ 0 ☐ 1 ☐ 2 ☐ 3

23. I need support setting and working toward meaningful personal goals.

☐ 0 ☐ 1 ☐ 2 ☐ 3

24. I want structured skill-building rather than treatment for emotional symptoms.

☐ 0 ☐ 1 ☐ 2 ☐ 3

E. Safety and clinical follow-up (not scored)

25. Are you currently concerned that you may hurt yourself, or that someone else may be in immediate danger?

☐ Yes ☐ No ☐ Prefer to discuss privately

26. In the past month, have you had thoughts of suicide or self-harm?

☐ Yes ☐ No ☐ Prefer to discuss privately

27. Are there current concerns about abuse, violence, or feeling unsafe at home?

☐ Yes ☐ No ☐ Prefer to discuss privately

28. Are symptoms making it very difficult to attend school/work, care for yourself, or meet basic needs?

☐ Yes ☐ No ☐ Prefer to discuss privately

29. Are you currently receiving mental health treatment or psychiatric care?

☐ Yes ☐ No ☐ Prefer to discuss privately

30. Would you like someone to discuss whether counseling could help?

☐ Yes ☐ No ☐ Prefer to discuss privately

F. Preferences and priorities

31. Which support are you interested in? (Check all that apply)

☐ Individual counseling ☐ Couples counseling ☐ Family counseling ☐ Trauma counseling
☐ Executive functioning coaching ☐ SPARK education ☐ CTC family skills
☐ MPITW belonging/connection ☐ Not sure

32. What are your top two goals?

1. _____

2. _____

33. Who would participate? ☐ Individual ☐ Caregiver/child ☐ Couple ☐ Whole family ☐ Unsure

34. What would make support accessible? ☐ Virtual ☐ In person ☐ Evening ☐ Daytime ☐ Unsure

35. Anything else you would like the team to know (avoid sensitive details on unsecured copies)?

_____

Staff Use Only — Interpretation and Service Navigation

Do not present this as a validated instrument. Scores are descriptive conversation aids only; they are not diagnostic cutoffs or automated eligibility rules.

Section totals

A. Emotional well-being (Q1–6): ____ / 18

B. Executive skills and functioning (Q7–12): ____ / 18

C. Relationships and family (Q13–18): ____ / 18

D. Education, identity, goals (Q19–24): ____ / 18

Clinical-first review protocol

• Any "Yes" or uncertain/prefer-to-discuss response to Q25–27 requires timely human review. An indication of immediate danger calls for immediate crisis instructions; do not rely on form monitoring or ordinary scheduling.

• Q28 indicating severe impairment, substantial distress in section A, or overlapping concerns should prompt an offer of a clinical consultation before recommending coaching or education as the sole service.

• Q29 informs coordination with existing providers, with consent where appropriate. Q30 signals interest in a counseling discussion, not clinical need by itself.

• No score establishes a diagnosis, level of care, suitability for an intensive, or the need for therapy. Follow applicable minor-consent, confidentiality, scope-of-practice, and emergency procedures.

Potential service matches (nonexclusive)

Presentation	Possible next step
Emotional distress, trauma, grief, major impairment	Individual counseling consultation; trauma-focused assessment when relevant
Couple distress or relational injury	Couples counseling consultation
Family conflict, parenting stress, child distress	Family counseling consultation; CTC or MPITW may complement care
Executive skill challenges without evident significant clinical needs	Executive functioning coaching or Chaos to Consistency™
Learning mismatch, school engagement, strengths/interests	SPARK education discovery assessment; clinical review if school refusal or significant distress
Belonging, identity, family connection	My Place in This World™; counseling if clinically indicated
Multiple significant needs	Clinician-led consultation to sequence or coordinate services

Navigation record

Primary service to explore: _____

Secondary option (if relevant): _____

Reason for recommendation: _____

Safety/clinical follow-up completed by: _____ Date: _____

Next step: ☐ Clinical consultation ☐ Coaching discovery ☐ SPARK follow-up ☐ Family program discussion ☐ External referral

Reviewed with participant/caregiver: ☐ Yes ☐ Pending

Staff reminder: Obtain appropriate consent, verify location and service availability, assess fit and level of care, and offer external referrals when Ethos Shoreline is not appropriate.