

## Parent Evaluation Form

Name of Applicant	
Applicant's Social Security Number	
Name of Parent (s) Completing Form	
Address:	
Telephone Number:	

**Instructions:** Your child is applying for Social Security Supplemental Income. In order to establish a qualifying disabling condition, Social Security needs as much information as possible about your child's day to day experience. Please answer the following questions and make sure to give details and/or examples. After you have completed this form make sure to ask your physician to sign the form as well.

### **Does the Applicant Experience:**

Uncontrollable fits of rage. <u>Please explain:</u>	___ Yes ___ No ___ Unknown
Limited sequential reasoning. <i>(Trouble connecting one thought to the other, actions with consequences, etc.)</i> <u>Please explain:</u>	___ Yes ___ No ___ Unknown
Perseveration. <i>(repetition of words, questions, phrases)</i> <u>Please explain:</u>	___ Yes ___ No ___ Unknown
Inappropriate and socially unacceptable behaviors. <u>Please explain:</u>	___ Yes ___ No ___ Unknown

Impaired judgment.

\_\_\_ Yes \_\_\_ No \_\_\_ Unknown

Please explain:

Oppositional defiant behavior.

\_\_\_ Yes \_\_\_ No \_\_\_ Unknown

*(characterized as stubborn, difficult, etc.)*

Please explain:

Cognitive rigidity and inflexibility.

\_\_\_ Yes \_\_\_ No \_\_\_ Unknown

*(difficulty adapting to new ways of learning, resistant to change)*

Please explain:

Disruptive behavior.

\_\_\_ Yes \_\_\_ No \_\_\_ Unknown

Please explain:

Impulse control disorder.

\_\_\_ Yes \_\_\_ No \_\_\_ Unknown

*(acts without thinking through consequences, wants immediate gratification)*

Please explain:

Factitious disorder.

\_\_\_ Yes \_\_\_ No \_\_\_ Unknown

*(lies or makes up stories)*

Please explain:

Food seeking behavior \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

Please explain:

### **Physician's Confirmation**

I have reviewed this form and it is an accurate assessment of this person's disability:

Name of Physician:

\_\_\_\_\_

Signature of Physician:

\_\_\_\_\_

Date:

\_\_\_\_\_