

Request for Assistance in Addressing Concerns about a Student/Family - - A First Level Screening Tool

Extensive assessment is not necessary in initially identifying a student about whom you are concerned. Use this form if a student is having a *significant* learning problem, a *major* behavior problem, or seems *extremely* disturbed or disabled.

Student's Name _____ Date: _____

To: _____ Title: _____

From: _____ Title: _____

Apparent problem (check all that apply):

___ physical health problem (specify) _____

___ difficulty in making a transition

() newcomer having trouble with school adjustment () trouble adjusting to new program

___ social problems

() aggressive () shy () overactive () other _____

___ achievement problems

() poor grades () poor skills () low motivation () other _____

___ major psychosocial or mental health concern

() drug/alcohol abuse () pregnancy prevention/support () self esteem
() depression/suicide () eating problems (anorexia, bulim.) () relationship problems
() grief () physical/sexual abuse () anxiety/phobia
() dropout prevention () neglect () disabilities
() gang involvement () reactions to chronic illness

Other specific concerns

Current school functioning and desire for assistance

Overall academic performance

() above grade level () at grade level () slightly below grade level () well below grade level

Absent from school

() less than once/month () once/month () 2-3 times/month () 4 or more times/month

Has the student/family asked for:

information about service	Y	N
an appointment to initiate help	Y	N
someone to contact them to offer help	Y	N

If you have information about the cause of a problem or other important factors related to the situation, briefly note the specifics here (use the back of the sheet if necessary).