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| --- | --- | --- | --- | --- | --- |
| Name: | | Student ID #: | | Date: | |
| Sex: | Age: | | Grade: | | Ethnicity: |

Source of referral:

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_ Administrator: \_\_\_\_\_\_\_\_\_\_\_\_ Other School Staff: \_\_\_\_\_\_\_\_\_\_\_

Parent/Family Member: \_\_\_\_\_\_\_\_\_\_\_\_ Other Student: \_\_\_\_\_\_\_\_\_\_\_\_ Student Him/Herself

Presenting Issue(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Potential Goals:

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Current living situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relevant behavioral/academic history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other possible risk factors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student’s interests / extracurricular activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other notes:

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Follow-up plan:

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Please rate each issue with a number (1 = *Major Problem*, 2 = *Sometimes a Problem*, 3 = *Never a Problem*):

Problems at home:

\_\_\_\_ Getting along with my parents or other relatives  
\_\_\_\_ Getting along with my siblings  
\_\_\_\_ Sleeping (nightmares, can’t fall asleep)  
\_\_\_\_ Frequent fighting at home  
\_\_\_\_ Use of alcohol and/or drugs by family member

Social and Academic Concerns:

\_\_\_\_ Feeling accepted by others   
\_\_\_\_ Feeling bad about the way I look  
\_\_\_\_ Fearfulness (of new places, people, or situations)  
\_\_\_\_ Trusting others  
\_\_\_\_ Relationship problems   
\_\_\_\_ Dealing with sexual feelings and/or thoughts  
\_\_\_\_ Thoughts of hurting others  
\_\_\_\_ Thoughts of hurting myself  
\_\_\_\_ Thoughts of suicide  
\_\_\_\_ Never eating/Eating and vomiting to control weight  
\_\_\_\_ Abuse issues (present or past sexual, physical, verbal, etc.)  
\_\_\_\_ Anger/Aggression  
\_\_\_\_ Depression

\_\_\_\_ Not understanding my thoughts and feelings  
\_\_\_\_ Frequent fighting at school  
\_\_\_\_ Respecting school authority and/or school rules  
\_\_\_\_ Disruptive behavior (at home or at school)  
\_\_\_\_ Failing courses  
\_\_\_\_ School stress

Other Personal or Health Concerns:

\_\_\_\_ Trying to decide on a career  
\_\_\_\_ Getting a clear sense of what I value  
\_\_\_\_ Dealing with my alcohol or drug abuse  
\_\_\_\_ Memory problems  
\_\_\_\_ Destructive behavior (destroying property)  
\_\_\_\_ Stealing  
\_\_\_\_ Obsessive thoughts  
\_\_\_\_ Hearing voices or seeing things that others can’t  
\_\_\_\_ Making decisions