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/alcoh. 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).