

**PARENT/GUARDIAN ASSESSMENT**

As you are aware your son/daughter has been referred to the \_\_\_\_\_ Intervention & Referral Services Team. Your participation in this process is of the utmost importance. Therefore, please complete the following information and return it to your son/daughter's school as soon as possible. The information gained along with other school data will determine the best plan of action to help support your child.

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Please check all that you believe apply to your child.

**Strengths Positive**

- |  |   |
|--|---|
| <input type="checkbox"/> able to work independently                        | <input type="checkbox"/> joins in extra activities at school or in community                  |
| <input type="checkbox"/> works well in a group                             | <input type="checkbox"/> wants to and likes to learn  |
| <input type="checkbox"/> displays good logic/reasoning and decision-making | <input type="checkbox"/> demonstrates leadership qualities                                    |
| <input type="checkbox"/> strong communication skills                       | <input type="checkbox"/> can accept criticism   |
| <input type="checkbox"/> possesses good interpersonal skills               | <input type="checkbox"/> cooperative  |
| <input type="checkbox"/> follows rules                                     | <input type="checkbox"/> displays positive values (responsibility, honesty, equality, caring) |
| <input type="checkbox"/> uses time wisely                                  | <input type="checkbox"/> helps others   |
| <input type="checkbox"/> is connected to and likes school and staff        | <input type="checkbox"/> strives to achieve their best  |

other: \_\_\_\_\_

**Traits at Home**

- |  |  |
|--|--|
| <input type="checkbox"/> generally complies with family rules  | <input type="checkbox"/> does household chores                           |
| <input type="checkbox"/> participates in family activities, meals, etc.                                    | <input type="checkbox"/> cares about appearance, health, etc.            |
| <input type="checkbox"/> takes appropriate pride in self and their possessions, keeps room reasonably neat | <input type="checkbox"/> behavior is appropriate with peers and siblings |
| <input type="checkbox"/> generally respectful toward parents/caregiver and others                          |  |

other: \_\_\_\_\_

Listed below are some common problem areas, as well as changes, that you may have begun to notice in your child. If your child's behavior matches any one of these listed below, please check them off.

**Personality**

- |  |   |
|--|---|
| <input type="checkbox"/> noticeable mood swings  | <input type="checkbox"/> frequent/extreme highs or lows                     |
| <input type="checkbox"/> crying seemingly without explanation  | <input type="checkbox"/> appearing very irritable or hostile without reason |
| <input type="checkbox"/> extremely apathetic attitude  | <input type="checkbox"/> spending a lot more time alone, in room            |
| <input type="checkbox"/> exhibiting general loss of energy, motivation, interest or enthusiasm, is increasingly uninterested |   |

other changes: \_\_\_\_\_

**PARENT/GUARDIAN ASSESSMENT (continued)****Student:** \_\_\_\_\_**DOB:** \_\_\_\_\_**Grade:** \_\_\_\_\_**School**

- |  |  |
|--|--|
| <input type="checkbox"/> experiencing more problems in school than usual   | <input type="checkbox"/> recent or rapid drop in grades  |
| <input type="checkbox"/> stopped participation (or showing less interest) in extra-curricular activities such as sports, clubs, etc. | <input type="checkbox"/> caught forging notes to his/her teacher<br>excuses for absences from school |
| <input type="checkbox"/> wants to drop out of school   | <input type="checkbox"/> having problems getting your child to go to school                          |
- other: \_\_\_\_\_

**Friends/Relationships**

- |  |   |
|--|---|
| <input type="checkbox"/> stopped spending time with old friends              | <input type="checkbox"/> hanging out with friends you don't know  |
| <input type="checkbox"/> doesn't want you to meet his or her friends         | <input type="checkbox"/> friends immediately go to child's room<br>avoiding contact with family members |
| <input type="checkbox"/> son/daughter receiving many short phone calls       | <input type="checkbox"/> spends less time in family activities  |
| <input type="checkbox"/> son/daughter not where they tell you they are       | <input type="checkbox"/> refusing to take responsibility for self                                       |
| <input type="checkbox"/> is verbally or physically abusive of family members |   |
| <input type="checkbox"/> refuses to follow family rules                      |   |
- other: \_\_\_\_\_

**Crisis Indicators**

- |  |   |
|--|---|
| <input type="checkbox"/> has expressed desire to die                                     | <input type="checkbox"/> given away personal possessions    |
| <input type="checkbox"/> has expressed desire to join someone who has died               | <input type="checkbox"/> has made suicidal threats/gestures |
| <input type="checkbox"/> has experienced a recent death of family member or close friend |   |
- other stressors: (please explain) \_\_\_\_\_

**Physical Traits**

- |  |   |
|--|---|
| <input type="checkbox"/> unsteady on feet                        | <input type="checkbox"/> noticeable change in weight                                      |
| <input type="checkbox"/> complaining of nausea/ stomach ache     | <input type="checkbox"/> glassy/bloodshot eyes  |
| <input type="checkbox"/> unexplained physical injuries           | <input type="checkbox"/> poor motor skills  |
| <input type="checkbox"/> frequent illnesses                      | <input type="checkbox"/> smelling of alcohol or marijuana                                 |
| <input type="checkbox"/> slurred speech                          | <input type="checkbox"/> loss of hair   |
| <input type="checkbox"/> self-abuse or mutilation                | <input type="checkbox"/> doesn't keep self-clean or poor hygiene                          |
| <input type="checkbox"/> preoccupied with personal health issues | <input type="checkbox"/> fatigue/constantly tired   |
| <input type="checkbox"/> disoriented                             | <input type="checkbox"/> change in sleep habits   |
| <input type="checkbox"/> headaches                               | <input type="checkbox"/> food issues (example: refusal to eat, etc.) Please explain _____ |
- other: \_\_\_\_\_

**Legal/Financial**

- |   |  |
|---|--|
| <input type="checkbox"/> arrests for drinking/drug use/DUI/possession of other illegal acts | <input type="checkbox"/> recently sold personal possessions                                |
| <input type="checkbox"/> seems to have more possessions than job or allowance would provide | <input type="checkbox"/> been caught with drugs and/or alcohol                             |
|   | <input type="checkbox"/> been caught with products associated with drug use /paraphernalia |

**PARENT/GUARDIAN ASSESSMENT (continued)****Student:** \_\_\_\_\_**DOB:** \_\_\_\_\_**Grade:** \_\_\_\_\_**Legal/Financial** been caught with taking things from home  
or neighbors' homes family members missing money or  
items from the home

other: \_\_\_\_\_

What are your concerns for your child that may impact his or her learning?

What does your child tell you about his or her school experience?

What are your concerns for your child that may impact his or her behavior?