

Earl Elementary School
Elementary Student Assistance Program
Parent Information Form

Student Name: _____

Grade: _____

Parent/Guardian: _____

Date: _____

*Please Note: Parents play a vital role in the student assistance process. Any of the information you are comfortable providing may help the Elementary Assistance Program as we work with you to identify any barriers to your child's education. Please complete the following form and return it to the school counselor as soon as possible. **This information will not be released outside of the school without parental consent.** All areas of this checklist may not be applicable to your child. Simply complete the portions that pertain to your child. Thank you.*

Academic Concerns

- Negative attitude about school
- Decline in school performance
- Difficulty completing and returning homework
- Unorganized
- Inattentive/lacks focus
- Other: _____

Social Concerns

- Difficulty maintaining friendships
- Overreacts to minor events
- Disrespects property of others
- Withdrawn/loner
- Prefers adult interaction to peer interaction
- Lacks age-appropriate social skills
- Expresses strong prejudice towards others
- Disturbs other students
- Easily influenced by others
- Lying
- Stealing
- Other: _____

Emotional Concerns

- Depressed mood/sad
- Crying/tearful
- Anxious/worried
- Angry/loses temper
- Gives up easily/frustrates easily
- Poor self-esteem/self-concept
- Extreme mood swings
- Irritable/easily annoyed
- Other: _____

Strengths/Resiliency Factors

- Willing to try new things
- Leadership skills
- Problem-solving skills
- Exhibits self-control
- Able to maintain friendships
- Honest
- Creative
- Can accept consequences
- Considerate of others
- Cooperative
- Follows rules/directions
- Other: _____

Crisis Indicators

- Suicide threat/gesture
- Self abuse/self-harm
- Threatens others health/well-being
- Other: _____

Behavioral Concerns

- Defiance of Rules
- Denies responsibility/blames others
- Difficulty accepting consequences
- Makes poor choices/decisions
- Poor self-control
- Verbally abusive
- Physically aggressive
- Obscene language/gestures
- Frequent temper tantrums
- Fighting/cheating
- Dramatic/sudden change in behavior
- Sexually active
- Seeks constant reassurance
- Compulsive/obsessive behavior
- Other: _____

Physical Concerns

- Change in personal appearance
- Noticeable physical changes
- Poor hygiene
- Frequently expresses concern for personal health
- Fatigue/change in sleep patterns
- Disoriented
- Unexplained physical injuries
- Food Issues: _____
- Other: _____

Home/School/Family Concerns

- Recent divorce/separation
- Job loss of mother/father
- Drug & alcohol concerns
- Ongoing custody issues
- Does not get along with siblings and/or parents
- Foster care/other placement
- Homeless
- Refusal to come to school
- Recent loss of a loved one, who: _____
- Family stressors, explain: _____
- Other: _____