

Anna Sandstrom, LSW
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Student's Name: _____ Child's Teacher: _____ Date: _____

Parent Completing Form: _____ Child's date of birth: _____

Siblings (names, ages and school attending) _____

1. Describe your reason(s) for referring your child; try to be as specific as possible.

2. Please describe your child's strengths:

Check all that apply:

- | | |
|-------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Difficulty staying on task | <input type="checkbox"/> Day dreams and inattentive |
| <input type="checkbox"/> Difficulty with problem solving | <input type="checkbox"/> Poor self-image |
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Difficulties making appropriate choices |
| <input type="checkbox"/> Aggressive: Verbally or Physically | <input type="checkbox"/> Struggles with honesty |
| <input type="checkbox"/> Destructive towards self | <input type="checkbox"/> Blames others |
| <input type="checkbox"/> Socially inappropriate/immature | <input type="checkbox"/> Limited friends/isolated |
| <input type="checkbox"/> Shy or withdrawn | <input type="checkbox"/> Excessive absences or tardiness |
| <input type="checkbox"/> Appears Sad | <input type="checkbox"/> Difficulty making transitions |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Bullied by others |
| <input type="checkbox"/> Appears anxious | <input type="checkbox"/> Bullies others |
| <input type="checkbox"/> Works below academic ability | <input type="checkbox"/> Defiance of class rules |
| <input type="checkbox"/> Family Change (Divorce) | <input type="checkbox"/> Grief and Loss |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Appears Angry |

3. What have you tried, or what has helped in the past regarding these concerns? Have you tried anything to improve the situation that has been unsuccessful?

4. Any other recent stressors or additional information that you think may be helpful or relevant.

5. Does your child have a diagnosis (such as ADHD) and does your child take medications for that diagnosis?

My child has permission to work with Anna Sandstrom, Student Success Coordinator. Yes No

Permission is given to speak with step parents (if applicable). Yes No

Mother/Guardian contact information:

Father/Guardian contact information:

Name: _____

Name: _____

Home phone _____

Home phone _____

Work phone _____

Work phone _____

Cell phone _____

Cell phone _____

*Please * which number to call first.*

*Please * which number to call first.*