	· · ·		
Student Name:		Gra	ade:
Disclaimer: This is a confidential for Your information will not be distributed serve your child and their education	ted in any way. This inform	ealth personnel will be view	ng this form.
Mental Health History			
Does your child have a current me Yes No	ntal health diagnosis (i.e.	anxiety, depression, autisn	n, ADHD, etc.)
If so, please explain;	सम्बद्धिः स्टिक्टीस्टिक्टर्ड स्टब्स्टर्ड स्टब्स्टर्ड स्टब्स्टर्ड स्टब्स्टर्ड स्टब्स्टर्ड स्टब्स्टर्ड स्टब्स्ट	સ્તર્જસ્થિ મામ અને સ્ટેક્ટ પ્રેક્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટ સ્ટેક્ટ સ્ટેક્ટ સ્ટેક્	কৈন্দ্ৰ কৈ কৈছিল গোৱা হৈছে। বিশ্বস্থা কৰিব কৈছিল গোৱা হৈছে বিশ্বস্থা
Does your child receive any counse			No entransport
If so, please list agency and explain			the segretary of the segretary
Does your child have a history of a	ny psychiatric hospitalizat	tions? Yes No	
If so, please explain:	ing a samatan di samat Samatan di samatan di s	<u>.</u>	
<u>Friendships</u>	,	•	
Please answer the following quest	ions based on your child's	friendships with other chi	ldren.
Has problems relating to others (pe	ers) Yes No		
Fights frequently with peers	Yes No	• •	
Has difficulty making friends	Yes No		
Prefers to be alone Does your child have frequent absolute. If so, please explain:		新しまけれます。 Control of the Control of the Marketter Control of the Control of the	大きないで記載して大幅に Commodications
If so, please explain:	to a to be great the second of	en en la general de la compaña de la comp La compaña de la compaña d	· · · · · · · · · · · · · · · · · · ·
Please circle any of the following p	röblems vour child may h	ave and describe vour con	icerns below:
	vereating or undereating		ad/Depressed
•	_		,
Lying Refusal to obey	Cruelty to animals	Stealing Swears	Cries easily
Complains of being picked on	Withdrawn/loner	Fire setting Excess	ive fighting
Bullies other children Rur	nning away Dest	ruction of property	,
Othar			

Other Issues/Services				
las your child experienced any type of abuse or neglec	t?	Yes No	·	
f yes, please explain and/or request below to speak to t	he Scho	of Social Se	rvice Worker/Co	unselor:
, , , , , , , , , , , , , , , , , , , ,				<u> </u>
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Tell us about any past or present family situations which as a death in the family, separations or divorce, proble abuse problems.	th may l ms with	nave had a siblings, d	n impact on your epression, or sub	child, such ostance
	h. 3 42 -	ત્ર અને ભારતાનું ક્	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> </u>
	<u>-</u>	ii.		
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Please describe any other concerns you may have abo	di volit	child:	Park to the state of the state	Water Constitution of the
Please describe any other concerns you may have abo		ortiges.	1 Ann 2 24	ter grande
and the same of th	15.5	: ` ^	14.2.4.3	1. V
	. 24	<u>. An</u>	Ar Sheet St.	white prairie
* Would you like us to contact you regarding therap child? These are provided by BHC and take place of A case manager is trained to help clients access "external resources, resources." Although case management can feel very therapeutic, it is a Therapy (Therapists work with their clients to help identify very processes in an attempt to assist the client in processing these. The appropriate if if and within relationships.) Case Management (Case Managers often develop a case in their client's life (e.g., emotional, mental; physical, occupational, relationships)	whereas s not thera y specific aim of both e manage lational, et	a therapist is py. feelings, though these services ment plan that c.).)	trained to help clients this, behaviors, symp as is to improve overa envelops multiple lay	access "Internal toms, and ill functioning in
* Services are not guaranteed, child must meet BCH require	ilienra ro	IECCIÁC DOLA	1000	
These services are not provided by the school. The school	ol will ass	ist with refe	rral.	
			•	
Parent/Guardian Signature		Relationshi	p to Child	Date