



Brief Assessment Form-Teacher/Parent Version

Student Name: _____ Date: _____

Teacher/Parent Name: _____

1. Please highlight or circle any of the following that are areas of concern based on your observation and experience for the student in your classroom/home:

Behavioral

Academic performance
Alcohol Use
Substance Use
Attention Difficulties
Bed-wetting
Disrespect
Hoarding
High-Risk Behaviors
Hyperactivity
Impulsivity
Learning Difficulties
Oppositional Defiance (ODD)
Organizational Difficulties
Stealing
Trouble making friends

Interpersonal

Abuse
(Physical/Sexual/Emotional)
Adoption
Bullying – Perpetrator
Bullying – Victim
Communication
Conflict in relationship(s)
Death of a Loved One
Divorce
Domestic Violence
Friendship(s)
Parenting/Co-parenting
Remarriage/Blending Families
Social Anxiety
Lack of Social Skills

Psychological

ADD/ADHD symptoms
Anxiety/Worry
Autism Spectrum
Depression
Homicidal Thoughts
Mood Concerns
Obsessions/Compulsions
Panic Attacks
Self-Harm
Suicidal Thoughts

Sexual

Maladaptive Sexual Behavior
Sexual Attraction/Orientation
Unwanted Sexual Experience

Individual

Gender Identity
Housing
Identity
Lack of Confidence/Self-Esteem
Limited Self-Awareness
Major Life Change
Obsession with Cleanliness
Racial/Ethnic Identity
Trauma(s) (suspected or known)
Trusting Others

Emotional

Coping with Emotions
Expressing Emotions
Extreme Fear/Phobia
Forgiveness
Grief
Hopelessness
Irritability
Lack of Motivation
Lack of Coping Skills
Meltdowns
Blow-ups

Biological

Chronic Pain
Disability
Eating Concerns
Forgetfulness
Lack of Energy
Medication Concerns
Physical Health/Medical
Concerns
Self-Care (Hygiene)
Sleep Difficulties
Weigh/Body Image

2. Out of the concerns checked above, please list the 3 most distressing concerns affecting the student and/or the class:

1. _____
2. _____
3. _____

Additional Comments or Requests: