



SCHOOL REPORT FORM

Private and Confidential

Student's Name:

Date of Birth:

School:

Grade:

Phone #:

Involved school contacts: (principal, classroom teacher, counsellor, resource teacher)

This child has been referred to our service. Permission by parent/guardian has been given to contact the school. This form needs to be completed by the student's teacher(s). Teacher(s), please inform the school counsellor/guidance counsellor, vice principal, and principal of this student's involvement with Mental Health & Addiction Services.

1. **School engagement:** (Willingness or not to take part in things, lateness or non-attendance, activity level, attitudes towards work)
2. **How does student get along with peers?** (Shy, outgoing, liked by peers, isolated from peers, change in relationships, etc.)
3. **How does student get along with teachers?** (Co-operative, timid, change in relationships, etc.)
4. **Academic performance** (Any concerns academically? If yes please explain.)

5. **Has the student participated in any specialized assessments?** (ED PSYCH, OT, SLP)(date assessment took place)

6. **Does the student receive any special accommodations or supports?** (If so, what are they and have they been helpful?)

7. **What do you see as this student's strengths?**

8. **What do you see as this student's challenges socially and/or emotionally?** (If any)

9. **Any relevant information about home background and parent child relationship?**

10. **How do you think we could be helpful in supporting this student in school?**

11. **Additional comments and remarks:**

Who completed this form:

Date:

Role: