



PsychLab is gathering information about a student of your school that is accessing our services. We would like to obtain some information about the child’s functioning at school. We would appreciate it if a staff member who knows the child well can complete this form. If you don’t know the information, or if you do not understand the question, leave the item blank.

N/A = not applicable.

Student’s Name: _____ Grade: _____

Today’s Date: _____

Your role/position: _____

Presenting Issues: Do you have any concerns about this student? If so, briefly describe the main concern:

_____ N/A

When did you (or others) first notice this concern? N/A

How much does the issue impact the student’s functioning now? N/A

Not much 1 2 3 4 5 6 7 8 9 10 *Very Much*

How much does the issue distress the student now? Circle one number N/A

Not much 1 2 3 4 5 6 7 8 9 10 *Very Much*

How much does the issue interfere with his/her learning? N/A

Not much 1 2 3 4 5 6 7 8 9 10 *Very Much*

How much does the issue interfere with his/her socialization? N/A

Not much 1 2 3 4 5 6 7 8 9 10 *Very Much*



What makes the issue worse? What situations or actions increase disfunction and distress?

What makes the issue better? What situations or actions improve functioning?

Additional Concerns: *Indicate any additional concerns and provide some details* N/A

LEARNING

Indicate the student’s performance in the following areas compared to his/her peers:

	<i>Low</i>	<i>Below average</i>	<i>Average</i>	<i>Above average</i>	<i>Advanced</i>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning/Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the student accessed any additional support at school? If so, please list N/A

Support type and frequency: C

Support type and frequency: C

Support type and frequency: C

Indicate “ C ” for CURRENT SUPPORT

Is the student experiencing difficulties despite the support? *If so, please briefly describe:*

No



SOCIAL AND BEHAVIOURAL

Please describe the student's following attributes if they are different from expected:

Appearance (*e.g. dress, cleanliness*)

Body language (*e.g. posture, gaze*)

Speech (*e.g. clarity, flow, pace*)

Prosociality (*e.g. sharing, helping*)

Problem solving (*e.g. initiative, negotiation*)

Attention/Concentration

Emotion regulation (*e.g. excitability, self-soothing*)

Friendships

Other observations (*specify and describe*)



OTHER INFORMATION

What psychological or behavioural support would the student benefit from?

What outcomes do you hope for this student if he/she accesses support through PsychLab? What would the goals of intervention be?

Is there any other information you would like PsychLab to know for the purpose of service provision?
If so, note them here:

Can PsychLab contact you to gather more information about this student if required? If so, what are your preferred contact details and time of contact?

No

Thank you for your time in completing this form and any attached paperwork. If you have any questions, please feel free to contact PsychLab.