

Student Assistance Program
STUDENT INFORMATION FORM
SCHOOL COUNSELOR

Please return to: SAP Coordinator

Student Name _____ Grade _____ Date _____

How well do you know this child? _____ Not at all _____ A little _____ A lot

Does this child make visits to counselor? _____ Yes _____ No

BEHAVIOR INDICATORS

STRENGTHS

- ___ Displays adequate self-esteem
- ___ Appears motivated
- ___ Cooperates
- ___ Reasonable
- ___ Exhibits internal sense of control
- ___ Good communication skills
- ___ Stands up for his/her beliefs
- ___ Empathic/caring
- ___ Optimistic about future
- ___ Flexible
- ___ Persistent
- ___ Sense of humor
- ___ Positive Attitude
- ___ Plans ahead
- ___ Helpful to others
- ___ Positive peer influence
- ___ Complies with request of adult in position of authority
- ___ Maintains appropriate physical boundaries

CONCERNS

- ___ Has expressed a desire to hurt self
- ___ Recent death in family/friends
- ___ Talks about loss of parent/love one
- ___ Talks about family separation/divorce
- ___ Change in friends
- ___ Older/younger social group
- ___ Expresses desire to get revenge
- ___ Inappropriate dress
- ___ Easily influenced by others
- ___ Denies responsibility, blames others
- ___ Seeks constant reassurance
- ___ Sudden outburst of anger
- ___ Disliked by peers
- ___ Obscene language, gestures
- ___ Expresses fear, anxiety
- ___ Verbally aggressive
- ___ Frequently alone
- ___ Constantly threatens or harasses
- ___ Criticizes self/others
- ___ Engages in dangerous behavior
- ___ Expresses hopelessness, helplessness, worthlessness

(OVER)

Please check the interventions previously attempted with this student:

Talked with parents

Spoke to student privately

Held conference with parents

Gave the student extra attention

Sent home notices about behavior/work

Used a behavior management plan

Participated in mediation

Recommended tutoring services

Referred to Outside Counseling

Conferenced with teacher

Recommended Behavioral Evaluation

Recommended Educational Evaluation

Educational Support Group

Other: _____

Please provide any other appropriate information pertaining to contacts with outside agencies and results below:

Signature _____ Date _____