Behavior Information Provided by – Counselor

Student_____Grade_____School_____

Please specify the student's disability_____
How much time is spent is Special Education_____

Does the student have a DSM-V Diagnosis?_____ If yes, list_____
_____
Describe how the student manifests the diagnosis at school_____
_____
_____

List any health problems the student may have and how they affect the student's behavior
_____
_____
_____

Does the student receive in-school counseling?_____ If yes, describe_____
_____
_____

Is the student receiving counseling from an outside agency?_____ If yes, what agency?
_____

What outside agencies are involved with the student's family? _____

Has the student been in a residential treatment facility?_____Which one?_____
Please attach a copy of any reports you received.

Are you aware of any changes in the student's life that may be affecting his behavior? Explain:
_____
_____
_____
_____

What are the student's strengths? _____
_____

What positive interventions are in place?_____

List your specific behavior concerns regarding this student:
1. _____
2. _____
3. _____
4. _____
5. _____

Signature_____Date_____

Form developed by Rita Philips, NAESC