

Teacher/ Staff Request
STUDENT SOCIAL WORK SERVICES/CONSULTATION

Name of student: _____ Date: _____

Teacher: _____ Grade: _____

Your Name: (if different from teacher) _____

Symptoms you may have observed (Check all that apply)

- | | |
|--|---------------------------------------|
| _____ Physically Aggressive | _____ Intimidates/Threatens |
| _____ Crying | _____ Withdrawn |
| _____ Sadness | _____ Clingy |
| _____ Angry outbursts | _____ Off task, inattentive |
| _____ Signs of abuse/neglect | _____ Peer difficulties |
| _____ Known divorce/custody issues | _____ Frequent mood shifts |
| _____ Developmentally inappropriate | _____ Absenteeism/Frequently
tardy |
| _____ Feeling ill or other physical complaints | _____ Impulsivity |
| _____ Obsessive tendencies | _____ (Other) _____ |
- _____ Parent requesting SW individual/group services (For what reason?):

Additional Information:
