

PREVENTION & INTERVENTION

MULTI-DIMENSIONAL ASSESSMENT

Ethnicity _____ Primary Language _____ Birthdate _____

Parent/Guardian _____ Home Phone () _____

Address _____ Work Phone () _____

School _____ Grade _____ Track _____ RM# _____ Teacher _____

Referred by (Name & Relationship) _____

Current Attendance Record _____ Current Grades/GPA _____ No. of Behavior Referrals
this year _____

Reason for Referral:

BACKGROUND INFORMATION

History of presenting concerns:

School Adjustment (academic performance, attendance, behavior, etc.):

Peer Relationships:

Health/Medical History:

Student Strengths:

Special Concerns/Other:

NEIGHBORHOOD INFORMATION

Summary of neighborhood environment: _____

Summary of condition of home environment:

FAMILY AND SUPPORT SYSTEM INFORMATION

Family in household:

Extended Family Support System (extended family, church, community organizations, etc.):

Summary of family interaction (include cultural considerations): _____

FAMILY SERVICE PLAN

Name _____ ID # _____

Teacher _____ School _____

Parent's Name _____ Home Language _____

M/F _____ D.O.B. _____ Case Manager _____

Date of Plan: _____

Identified Needs Problems:

1. _____
2. _____
3. _____

Short-Term Goals With Timeline:

1. _____
2. _____
3. _____

Action Plan (i.e., Individual or Group Counseling, Case Management, Linkage to Resources, frequency [weekly, bi-weekly, etc.]):

