

# Student/Family Assessment Form

NRMPS Case Manager or Social Worker

<b>Student:</b>	<b>School:</b>	<b>Date:</b>	
<b>Current living arrangement:</b> (shelter, motel, relatives, friends, etc.)		<b>Income:</b>	
<b>Prior living arrangement:</b>			
<b>Primary Contact Information:</b>		<b>Emergency/Alternate Contact Information:</b>	
<b>Name:</b>	<b>Name:</b>		
<b>Mailing address:</b>	<b>Mailing address:</b>		
<b>Cell #</b> _____	<b>Cell #</b> _____		
<b>Home #</b> _____	<b>Home #</b> _____		
<b>Work #</b> _____	<b>Work #</b> _____		
<b>Email:</b>	<b>Email:</b>		
<b>Relationship:</b>	<b>Relationship:</b>		
<b>Employer:</b>	<b>Employer:</b>		
<b>Others living in residence &amp; relationship to student:</b>			
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>List school, if in NRMPS</b>
1.			
2.			
3.			
4.			
5.			
<b>Additional:</b>			
<b>Family status:</b> <input type="checkbox"/> Couple, married <input type="checkbox"/> Couple, unmarried <input type="checkbox"/> Single parent <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Relatives <input type="checkbox"/> Friends			
<b>Comments:</b>			
<b>Ever been separated from your child?</b> ___ if yes, describe:			
<b>Methods of discipline used at home:</b>			

**Stressful events:**

Parents  separated  divorced  other

Change(s):  school  job  residence  finance  other

Family:  illness  accident  death  loss of pet  other

**Description/Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emotional Concerns for your child:**  sad  anxious  nervous  sleepiness  bedwetting  refusal to obey  
 tantrums  stealing  lying  shyness  running away  fighting  hurting pets    Difficulty:  concentrating  sleeping

**Comments:**

**Agency Involvement:**

**Child:**  DSS  Juvenile Court  Behavior/Mental Health  Health Dept.  Other \_\_\_\_\_

**Parent:**  DSS  Court  Mental Health  Health Dept.  Other \_\_\_\_\_

**Benefits received:**  WFFA  SSI  Food Stamps  Other \_\_\_\_\_

**Comments:**

**Feelings about school, describe and list previous school(s) attended:**

**Concerns/problems regarding your child at school:** Excessive:  tardy  absences  behavioral referrals  other

Describe: \_\_\_\_\_

\_\_\_\_\_

**Health status**

**Problems:**  hearing  vision  speech  vision  dental  other \_\_\_\_\_

**Conditions:**  asthma  diabetes  seizures  lead poisoning  sickle cell  physical disability \_\_\_\_\_

**Diagnosis:**  ADHD  Bi-polar  depression  ODD  OCD  self-injurious behaviors  other \_\_\_\_\_

**Medication(s):** \_\_\_\_\_

**Contact information, provider for: Healthcare:** \_\_\_\_\_

**Mental Health:** \_\_\_\_\_ **Dental:** \_\_\_\_\_

**Insurance:**  Medicaid  Health Choice  Other \_\_\_\_\_

**Environment:**

Check if inadequate or need assistance.

**Parental capabilities:**

Check if inadequate or need assistance.

	✓	Comments		✓	Comments
Overall			Overall		
Housing			Supervision of child(ren)		
Stability			Disciplinary Practices		
Income/ Employment			Caregiver's mental health		
Financial Management			Caregiver's physical health		
Food/Nutrition			Caregiver's use of drugs/alcohol		
Personal Hygiene			Provision of developmental opportunities		
Transportation					
Learning Environment					

<b>Family Safety:</b> Check if yes:			<b>Child well-being:</b> Check if inadequate or need assistance.		
	✓	Comments		✓	Comments
Overall			Overall		
Physical abuse of child(ren)			Child(ren's) Mental health		
Sexual abuse of child(ren)			Child(ren's) behavior		
Emotional abuse of child(ren)			School performance		
Neglect of child(ren)			Relationship with parents/caregivers		
Domestic violence between parents/caregivers			Relationship with sibling(s)		
Other			Other		

**Highest needs:**  housing  transportation  vocational  educational  financial  insurance  family/relationship  
 physical health  mental/emotional health  dental health  recovery  spirituality  other \_\_\_\_\_

**Comments:**

**Resources, personal & social (support system):**

**Student support services requested/needed:**  free lunch  school supplies  food  hygiene items  
 emergency clothing/uniforms/shoes Assistance obtaining:  school records  immunizations  medical records  
 other \_\_\_\_\_

**Student support services provided:**  free lunch  school supplies  food  hygiene items  
 emergency clothing/uniforms/shoes Assistance obtaining:  school records  immunizations  medical records  
 other \_\_\_\_\_

**Referrals made:**

School:  counselor  social worker  nurse  crisis intervention  EC  504  ESL  other \_\_\_\_\_  
Academic:  educational needs, services, testing  tutor  mentor  enrichment  Other \_\_\_\_\_  
Provider:  mental health  healthcare  dental  Other \_\_\_\_\_  
Agency:  Health Dept.  DSS  domestic violence  substance abuse  counseling  parenting classes  
 housing assistance  food stamps  Medicaid  WFFA  transportation  employment  
 afterschool care  daycare  other \_\_\_\_\_

**Comments:**

**Resources provided:**  information about what families need to know about the legal rights under McKinney Vento Law  
 Resources for children and youth experiencing homelessness  Contact numbers, information for support personnel  
 Other, describe:

**Additional information, recommendations, interventions and follow-up plans:**

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**Signature/title:**

**Date:**

**Additional information, recommendations, interventions and follow-up plans:**

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**Signature/title:**

**Date:**

**Additional information, recommendations, interventions and follow-up plans:**

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**Signature/title:**

**Date:**