

CRISTO REY KANSAS CITY

A Sisters of Charity of Leavenworth High School

Counseling Office

Student: _____ Date: _____ Grade: _____

Parents _____

BRIEFLY DESCRIBE YOUR CONCERNS SON/DAUGHTER _____

CHECK ALL ITEMS THAT APPLY TO YOUR SON/DAUGHTER

ACADEMIC

- | | |
|--------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Excessive tardiness/frequent absences | <input type="checkbox"/> Easily frustrated with work |
| <input type="checkbox"/> Unprepared/disorganized | <input type="checkbox"/> Deterioration in work quality |
| <input type="checkbox"/> Does not pay attention | <input type="checkbox"/> Difficulty learning |
| <input type="checkbox"/> Poor Performance | <input type="checkbox"/> Difficulty with transitions |
| <input type="checkbox"/> Not interested in learning | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Turns in late assignments/homework difficulties | |

SOCIAL

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> New to school/difficulty adjusting | <input type="checkbox"/> Loner |
| <input type="checkbox"/> Low self-confidence/low self-esteem | <input type="checkbox"/> Isolated/rejected by peers |
| <input type="checkbox"/> Reactive, angers easily/bullies | <input type="checkbox"/> Easily influenced |
| <input type="checkbox"/> Does not accept responsibility for actions | <input type="checkbox"/> Other: _____ |

CONDUCT

- | | |
|-------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Difficulty with authority/non-compliance | <input type="checkbox"/> Uncooperative |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Overactive, restless |
| <input type="checkbox"/> Lies, cheats, steals | <input type="checkbox"/> Negative attitude |
| <input type="checkbox"/> Inappropriate/Sexually explicit | <input type="checkbox"/> Bothers peers |
| <input type="checkbox"/> Easily provoked | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Impulsive | |
| <input type="checkbox"/> Destructive | |

PHYSICAL

- | | |
|-----------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Abnormal eating habits/noticeable weight gain/loss | <input type="checkbox"/> Tired |
| <input type="checkbox"/> Unexplained bruises, cuts, burns | <input type="checkbox"/> Frequent nurse visits |
| <input type="checkbox"/> Self-mutilating | <input type="checkbox"/> Other _____ |

EMOTIONAL

- | | |
|------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Preoccupied with death | <input type="checkbox"/> Grieving death in family |
| <input type="checkbox"/> Serious illness (student/family member) | <input type="checkbox"/> Fearful/nervous/uneasy |
| <input type="checkbox"/> Dramatic mood changes | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Other _____ |