

**STUDENT SUPPORT SERVICES UNIT
STUDENT PROFILE FORM**

Your answers will be used to help make an evaluation of this student's school functioning. The information from this form will also be used for comparison with other information about this student. Please answer as well as you can, even if you lack full information. Feel free to print additional comments beside each item and in the spaces provided on page 2. *Please print, and answer all items.*

I. STUDENT INFORMATION

STUDENT'S FULL NAME

First

Middle

Last

1. Has he/she ever been referred to Student Services?

No Yes – What service and when? _____

2. How long have you known this student? _____

3. What concerns you most about this student?

4. Has he/she repeated any classes? No Yes – classes and reasons:

II. CURRENT ACADEMIC PERFORMANCE

(Check box that indicates student’s performance for each subject)

1. Check relevant boxes

Academic subject	Far below Class level	Somewhat below Class Level	At Class Level	Somewhat above Class Level	Far above Class Level
Reading					
Comprehension					
Composition					
Grammar					
Mathematics (Numerical Operations)					
Mathematics (Reasoning)					

2. Please provide a copy of the most recent end of term test scores.

3. In your opinion, do you suspect that this student is experiencing a physical illness mental disability ?
 No Yes – please describe:

4. Level of Educational Functioning

List the student’s strengths in the following areas. Please be specific.

4.1 Social Skills _____

4.2 Motor skills _____

4.3 Language (Grammar, Composition and Spelling) _____

4.4 Reading (Oral, Comprehension) _____

4.5 Maths _____

4.6 Behaviour _____

5. Please feel free to write any comments about this student's work, behavior, or potential.

Consider the student's functioning in the last 3 months and circle the most appropriate response for each item:

0 = Not true (as far as you know)
 1 = Somewhat or Sometimes True
 2 = Very True or Often True

1.	Argues a lot	0	1	2
2.	There is very little that he/she enjoys	0	1	2
3.	Fails to finish things he/she enjoys	0	1	2
4.	Seems unable to get his/her mind off certain obsessions	0	1	2
5.	Can't concentrate, can't pay attention for long periods	0	1	2
6.	Can't sit still, restless, or hyperactive	0	1	2
7.	Cries a lot	0	1	2
8.	Cruelty, bullying, or meanness to others	0	1	2
9.	Daydreams or gets lost in his/her thoughts	0	1	2
10.	Demands a lot of attention	0	1	2
11.	Destroys property belonging to others	0	1	2
12.	Difficulty following directions	0	1	2
13.	Disobedient or defiant	0	1	2
14.	Doesn't get along with other students	0	1	2
15.	Doesn't seem to feel guilty after misbehaving	0	1	2
16.	Fears going to school/dislikes school	0	1	2
17.	Feels he/she has to be perfect	0	1	2
18.	Feels worthless or inferior	0	1	2
19.	Gets teased a lot	0	1	2
20.	Hangs around with others who get into trouble	0	1	2
21.	Reports hearing sounds or voices that aren't there	0	1	2
22.	Impulsive or acts without thinking	0	1	2
23.	Lies, cheats or steals	0	1	2
24.	Bites fingernails	0	1	2
25.	Excessively talks out of turn	0	1	2
26.	Physically or verbally attacks people	0	1	2
27.	Apathetic or unmotivated	0	1	2
28.	Prefers being with older children	0	1	2
29.	Poorly coordinated or clumsy	0	1	2
30.	Self-conscious or easily embarrassed	0	1	2
31.	Suspected involvement in gang activity	0	1	2
32.	Sudden changes in mood or feelings	0	1	2
33.	Swearing or obscene language	0	1	2
34.	Talks about killing self	0	1	2
35.	Underachieving, not working up to potential	0	1	2
36.	Temper tantrums or hot temper	0	1	2
37.	Threatens people	0	1	2

38.	Tardy to school or class	0	1	2
39.	Fails to carry out assigned tasks	0	1	2
40.	Truancy or unexplained absences	0	1	2
41.	Under active, slow moving, or lacks energy	0	1	2
42.	Unhappy, sad, or depressed	0	1	2
43.	Usually loud	0	1	2
44.	Uses alcohol or drugs	0	1	2
45.	Dislikes school	0	1	2
46.	Is afraid of making mistakes	0	1	2
47.	Unclean personal appearance	0	1	2
48.	Withdrawn, doesn't get along with others	0	1	2
49.	Seems not to have basic needs met	0	1	2
50.	Unusual appearance of the eyes	0	1	2
51.	Complains of visual problems during desk work	0	1	2
52.	Blinks excessively while reading	0	1	2
53.	Frequent headaches	0	1	2
54.	Refuses to talk	0	1	2
55.	Disrupts class	0	1	2
56.	Seems to have an excessive amount of money	0	1	2
57.	Is a loner /has few friends	0	1	2
58.	Can't work independently	0	1	2
59.	Has difficulty staying serious/laughs inappropriately	0	1	2

THIS FORM FILLED OUT BY: *(print your full name)*

Thank you for completing the above student profile.