Student Name:					Date:					
School:										
How do you feel when you are at school?	6	3				-				
How do you feel when you are at?					•••	-				
How do you feel about your relationship with?					•••					
How would others say you are doing?										
Do you have an adult you trust?	Yes	No	Who?_							
Comments:										
For specialist to complete: General, overall impression of student					1	2	3			

School:	Date:						
How do you feel when you are at school?	6	••					
How do you feel when you are at?	6	••					
How do you feel about your relationship with?	6	•			••		
How would others say you are doing?	6	•					
		_					
Do you have an adult you trust?	Yes	No	Who?_				
Comments:							
For specialist to complete: General, overall impression of student					1	2	3