

















Student Name: _____ Date: _____

School: _____

How do you feel when you are at school?				
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? _____
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Comments:

<i>For specialist to complete: General, overall impression of student</i>	0	1	2	3
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