



AREAS OF CONCERN

Student/Client _____ Date _____

Education Factors

<i>Please check all that apply</i>	<i>Please check all that apply</i>
<input type="checkbox"/> Reading difficulties in word recognition	<input type="checkbox"/> Difficulty staying on task
<input type="checkbox"/> Reading comprehension difficulties	<input type="checkbox"/> Inattentive/ short attention span
<input type="checkbox"/> Spelling difficulties	<input type="checkbox"/> Difficulty comprehending directions
<input type="checkbox"/> Math computation difficulties	<input type="checkbox"/> Difficulty comprehending subject matter
<input type="checkbox"/> Written language difficulties	<input type="checkbox"/> Difficulty changing activities
<input type="checkbox"/> Poor retention of subject matter	<input type="checkbox"/> Easily discouraged; often frustrated
<input type="checkbox"/> Poor Handwriting	<input type="checkbox"/> Work completion: rushed
<input type="checkbox"/> Makes reversals (b/d, p/q) and inverts letters/numbers within a word	<input type="checkbox"/> Work completion: slow
<input type="checkbox"/> Messy, disorganized work	<input type="checkbox"/> Does not complete assignments
	<input type="checkbox"/> Forgetful

Personal/Social Factors

<i>Please check all that apply</i>	<i>Please check all that apply</i>
<input type="checkbox"/> Generally withdrawn, timid, fearful	<input type="checkbox"/> Seems moody
<input type="checkbox"/> Poor self control	<input type="checkbox"/> Cries easily
<input type="checkbox"/> Temper outbursts	<input type="checkbox"/> Feelings of inadequacy
<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Low self-concept
<input type="checkbox"/> Poor peer relations	<input type="checkbox"/> Challenges authority
<input type="checkbox"/> Fights/physically aggressive	<input type="checkbox"/> Defiant
<input type="checkbox"/> Disturbs others	<input type="checkbox"/> Impulsive
<input type="checkbox"/> Seems unhappy	<input type="checkbox"/> Shows little empathy/concern for others

Health/Physical Factors

Please check all that apply

- Health problems
- Frequent physical complaints
- Appears pale, listless, apathetic
- Extremely active and restless/fidgety
- Possible vision deficit
- Possible hearing deficit

Please check all that apply

- Poor fine motor coordination (*small muscle movement such as using pencil, scissors*)
- Poor gross motor condition (*running, jumping, skipping*)
- Growth or development lag
- Physical injuries (*appears accident-prone*)

Speech/Language Factors

Please check all that apply

- Limited speaking vocabulary
- Difficulty relating own ideas
- Incomplete sentences
- Poor grammar
- Responses are inappropriate
- Difficulty following directions

Please check all that apply

- Articulation: mispronunciation of speech sounds
- Stuttering: speech blocks, breaks, poor rhythm
- Voice quality is hoarse
- Voice quality is harsh
- Voice quality is too soft

Student Strengths

Please check all that apply

- Creativity
- Sense of humor
- Physical strength and coordination
- Cooperative
- Enthusiastic

Please check all that apply

- Good motivation
- Highly verbal
- Confident: socially\academically
- Compassionate
- Confident academically

Social/Emotional Development

Please check all that apply

Please check all that apply

<input type="checkbox"/> Fidgety, restless	<input type="checkbox"/> Sleeps poorly
<input type="checkbox"/> Argumentative	<input type="checkbox"/> Eats little
<input type="checkbox"/> Shy, withdrawn	<input type="checkbox"/> Short attention span
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Forgets past conversations
<input type="checkbox"/> Confident	<input type="checkbox"/> Forgets past experiences
<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Loses money or possessions
<input type="checkbox"/> Very physically active	<input type="checkbox"/> Hoard money or possessions
<input type="checkbox"/> Bed wets	<input type="checkbox"/> Resents or forgets chores
<input type="checkbox"/> Toilet problems	<input type="checkbox"/> Plays well with other children
<input type="checkbox"/> Awkward, clumsy	<input type="checkbox"/> Expresses self well verbally
<input type="checkbox"/> Difficulty in concentration	<input type="checkbox"/> Fearful of loud noises
<input type="checkbox"/> Enjoys table games	<input type="checkbox"/> Poor sense of time
<input type="checkbox"/> Defiant	<input type="checkbox"/> Poor sense of direction
<input type="checkbox"/> Leaves projects uncompleted	<input type="checkbox"/> Fearful

Identify other areas of strength/interests of the student:

List any serious illnesses or accidents:
