**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age \_\_\_\_\_\_ Grade \_\_\_\_\_**

**Parents’ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Functioning:**

Grades –

Extracurricular Involvements –

Disciplinary Issues –

Conflicts with Teachers –

Friends -

**Physical Health**

**Free-time Interests & Hobbies**

**Employment**

**Long Term Goals**

**Legal Issues**

**Family Members** (Parents, step-parents, siblings)

**Relationship With Parents**

**Parents Employer** (Does either parent have health insurance)

**Sleeping Habits**

**Study Habits**

**Parents Attitude Towards School**