

School Counselling Teacher Assessment – Form C



Date: _____ Student Name: _____

Grade: _____ Teacher: _____

Thank you for taking the time to thoughtfully fill out this form. Knowing how your student interacts in the classroom helps counselors know how to focus counselling sessions.

PHYSICAL

How is the child's attendance? (circle one) Excellent Good Fair Poor

Please explain: _____

How does the child usually arrive at school?

(e.g. late, tired, energetic, anxious, etc.) Please explain: _____

How often does the child utilize the free breakfast/lunch program? (circle one)

Daily Lunches Only Breakfasts Only Only Certain Times of the Month Other

Please explain: _____

What is the child's bodily classroom presence like?

(e.g. shy, restless, goof-off, withdrawn, inquisitive, rule-following ability) Please explain: _____

PSYCHOLOGICAL

Please note any internal narratives voiced by the student throughout the day.

(e.g. "I'm so stupid," "I can't do anything right," etc.): _____

When do these phrases seem to surface/be said? _____

SOCIAL/EMOTIONAL

How does the student interact with their peers? At recess? In class time? In work groups?

If your student is in a stressful situation, how do they react? (circle as many as apply)

Physically Aggressive Verbally Aggressive Withdrawn Quiet Zoned Out Runs Away

Shame Talk (“I’m so...”) Pleasing/Helping Others Bossiness Seeks to Control Situation

Please explain a couple scenarios of their stress response: _____

Does the student talk about their out-of-school life? (circle one) Yes No

If yes, what sorts of things do they talk about? _____

How well does your student communicate their needs? (circle one) Excellent Good Fair Poor

Please explain: _____

What would you say are your student’s biggest strengths? _____

How would you say your student needs to grow socially/emotionally? _____
