

Student/Family Assessment Form

NRMPS Case Manager or Social Worker

Student:		School:		Date:
Current living arrangement: (shelter, motel, relatives, friends, etc.)			Income:	
Prior living arrangement:				
Primary Contact Information:			Emergency/Alternate Contact Information:	
Name:			Name:	
Mailing address:			Mailing address:	
Cell # _____			Cell # _____	
Home # _____			Home # _____	
Work # _____			Work # _____	
Email:			Email:	
Relationship:			Relationship:	
Employer:			Employer:	
Others living in residence & relationship to student:				
Name	Age	Relationship	List school, if in NRMPS	
1.				
2.				
3.				
4.				
5.				
Additional:				
Family status: <input type="checkbox"/> Couple, married <input type="checkbox"/> Couple, unmarried <input type="checkbox"/> Single parent <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Relatives <input type="checkbox"/> Friends Comments:				
Ever been separated from your child? ____ if yes, describe:				
Methods of discipline used at home:				

Stressful events:**Parents** ☐ separated ☐ divorced ☐ other**Change(s):** ☐ school ☐ job ☐ residence ☐ finance ☐ other**Family:** ☐ illness ☐ accident ☐ death ☐ loss of pet ☐ other**Description/Comments:**

Emotional Concerns for your child: ☐ sad ☐ anxious ☐ nervous ☐ sleepiness ☐ bedwetting ☐ refusal to obey
☐ tantrums ☐ stealing ☐ lying ☐ shyness ☐ running away ☐ fighting ☐ hurting pets Difficulty: ☐ concentrating ☐ sleeping
Comments:

Agency Involvement:**Child:** ☐ DSS ☐ Juvenile Court ☐ Behavior/Mental Health ☐ Health Dept. ☐ Other _____**Parent:** ☐ DSS ☐ Court ☐ Mental Health ☐ Health Dept. ☐ Other _____**Benefits received:** ☐ WFFA ☐ SSI ☐ Food Stamps ☐ Other _____**Comments:****Feelings about school, describe and list previous school(s) attended:**

Concerns/problems regarding your child at school: Excessive: ☐ tardy ☐ absences ☐ behavioral referrals ☐ other
 Describe: _____

Health status**Problems:** ☐ hearing ☐ vision ☐ speech ☐ vision ☐ dental ☐ other _____**Conditions:** ☐ asthma ☐ diabetes ☐ seizures ☐ lead poisoning ☐ sickle cell ☐ physical disability _____**Diagnosis:** ☐ ADHD ☐ Bi-polar ☐ depression ☐ ODD ☐ OCD ☐ self-injurious behaviors ☐ other _____**Medication(s):** _____**Contact information, provider for: Healthcare:** _____**Mental Health:** _____ **Dental:** _____**Insurance:** ☐ Medicaid ☐ Health Choice ☐ Other _____**Environment:**

Check if inadequate or need assistance.

	✓	Comments
Overall		
Housing		
Stability		
Income/ Employment		
Financial Management		
Food/Nutrition		
Personal Hygiene		
Transportation		
Learning Environment		

Parental capabilities:

Check if inadequate or need assistance.

	✓	Comments
Overall		
Supervision of child(ren)		
Disciplinary Practices		
Caregiver's mental health		
Caregiver's physical health		
Caregiver's use of drugs/alcohol		
Provision of developmental opportunities		

Family Safety: Check if yes:			Child well-being: Check if inadequate or need assistance.		
	✓	Comments		✓	Comments
Overall			Overall		
Physical abuse of child(ren)			Child(ren's) Mental health		
Sexual abuse of child(ren)			Child(ren's) behavior		
Emotional abuse of child(ren)			School performance		
Neglect of child(ren)			Relationship with parents/caregivers		
Domestic violence between parents/caregivers			Relationship with sibling(s)		
Other			Other		

Highest needs: ☐housing ☐transportation ☐vocational ☐educational ☐financial ☐insurance ☐family/relationship
☐physical health ☐mental/emotional health ☐dental health ☐recovery ☐spirituality ☐other _____

Comments:

Resources, personal & social (support system):

Student support services requested/needed: ☐free lunch ☐school supplies ☐food ☐hygiene items
☐emergency clothing/uniforms/shoes Assistance obtaining: ☐ school records ☐immunizations ☐medical records
☐other_____

Student support services provided: ☐free lunch ☐school supplies ☐food ☐hygiene items
☐emergency clothing/uniforms/shoes Assistance obtaining: ☐ school records ☐immunizations ☐medical records
☐other_____

Referrals made:

School: ☐ counselor ☐social worker ☐ nurse ☐crisis intervention ☐EC ☐504 ☐ESL ☐other _____

Academic: ☐educational needs, services, testing ☐ tutor ☐mentor ☐ enrichment ☐Other _____

Provider: ☐mental health ☐ healthcare ☐dental ☐Other _____

Agency: ☐Health Dept. ☐DSS ☐domestic violence ☐substance abuse ☐counseling ☐parenting classes
☐housing assistance ☐food stamps ☐Medicaid ☐WFFA ☐transportation ☐employment
☐afterschool care ☐ daycare ☐ other _____

Comments:

Resources provided: ☐ information about what families need to know about the legal rights under McKinney Vento Law
☐ Resources for children and youth experiencing homelessness ☐ Contact numbers, information for support personnel
☐ Other, describe:

Additional information, recommendations, interventions and follow-up plans:

Signature/title:

Date:

Additional information, recommendations, interventions and follow-up plans:

Signature/title:

Date:

Additional information, recommendations, interventions and follow-up plans:

Signature/title:

Date: