

3.

Background information: Are you aware of anything that might explain these concerns? (Recent stressful events, peer problems, family issues, identified learning difficulties/disabilities, etc.)

Are you aware of any **interventions currently** in place? (IEP, IAT recommendations, school-based or external educational resources, medications, external counseling/psychological intervention, etc.)

What services do you believe would be **most helpful**?

Individual counseling/psychotherapy	Assistance with classroom intervention
Group counseling; skill training	Teacher consultation
Parent consultation	Classroom observation
Parent/teacher meeting	Referral to external resource

What are your hopes and/or **expectations** about the outcome of these services?

What do you see as this child's **strengths** and available resources? (Child's strengths, resources available in the family, extracurricular activities, talents, social support, behavioral health treatment, etc.)

Have you **spoken to the parents** about your concerns? Yes No

Have you **asked the parents to call**? Yes No

Please return this form to the TriHealth Team. If you have an immediate concern, please contact the TriHealth team, school psychologist or administrator in person.

PLEASE RETURN TO: Dr. Sehra Polad (363-6256) by email: sehra_polad@trihealth.com