

Chesterfield Township School District

30 Saddle Way
Chesterfield, NJ 08515



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www.ChesterfieldSchool.com

Office of the Assistant Principal

Information Summary Form

Student:

Date:


Case Coordinator:

STUDENT ROSTER			
Classroom Performance:			
Failure in one or more subject areas			
Drop in grades, lower achievement			
Needs directions given individually			
Does not ask for help when needed			
Prefers to work alone			
Does not complete homework			
Does not complete in-class assignments			
Homework is disorganized or incomplete			
Short attention span, easily distracted			
Poor short-term member: ex. can't remember one day to the next			
Finds it hard to study			
Gives up easily			
Lacks desire to do well in school			
Has demonstrated ability, but does not apply self			
Social Skills:			
Tends to stay to self/withdrawn			
Lack of peer relationships			
Slow in making friends			
Disturbs other students			
Negative leader			
Unyielding or stubborn on positions			
Argues with teacher			
Hits and/or pushes other students			
Threatens other students			
Teases other students			
Angered by constructive criticism			
Demonstrates lack of self-confidence			
Disrespects or defies authority			
Regularly seeks to be center of attention			
Anxiety with authority, peers or situations			

Information Summary Form Continued

<i>STUDENT ROSTER</i>			
Frequent ridicule from classmates			
Appears unhappy/sad			
Lacks control in unstructured situations			
Change in friends			
Sexual behavior in public			
Difficulty in relating to others			
Talks freely about drugs/alcohol			
<i>Disruptive Behavior:</i>			
Defiance, violation of rules			
Blaming, denying, not accepting responsibility			
Fighting			
Cheating			
Sudden outburst of anger, verbally abusive to others			
Lack of impulse control			
Obscene language,, gestures			
Noisy, boisterous at inappropriate times			
Crying for no apparent reason			
Erratic or overly active behavior			
General changes in behavior patterns			
Easily agitated			
<i>Physical Symptoms:</i>			
Dietary concerns			
Appearance concerns			
Hygiene concerns			
Smells of tobacco, alcohol, marijuana			
Appears tense, on edge			
Slurred or impaired speech			
Appears sleepy, lethargic			
Impaired vision			
Impaired hearing			
Frequent physical injuries			
Sleeping in class			
Glassy, bloodshot eyes			
Unsteady on feet			
Problems with muscle or hand-eye coordination			

Information Summary Form Continued

<i>STUDENT ROSTER</i>			
<i>Background Information:</i>			
Attendance or tardy problems			
Latchkey child			
Involvement with community agencies			
Death in the immediate family			
Chronic illness in immediate family			
Divorce or separation			
Unemployment			
Previously identified for drug/alcohol use			
Adjudicated for a juvenile offense			
Lives with someone other than parent			
Known medical problem			
Takes medication			
Previously involved with counseling			
Currently involved with counseling			
Previously identified for assistance outside of school			
Discusses concerns regarding drug/alcohol use in the home			
Family member incarcerated or adjudicated			
<i>Related School-Based Services or Programs:</i>			
Basic skills			
Speech and Language therapist			
Guidance counselor			
Child Study Team			
Other specialists or services: 			

Information Summary Form Continued

Related Community-based Services and Programs:

Positive Characteristics, both personal(ex. skills, talents, traits, interests, hobbies) and environmental(strengths and interests).

Personal:

Other:

Use the space below to make comments and observations based upon the summary review of data. Comments must be school-based, school focused and be specific, descriptive, objective/factual and observable.

