



Child's Name \_\_\_\_\_

DOB: \_\_\_\_\_

Teachers & School Staff:

The above-named child is being treated at our facility. Your input on this child's functioning is needed to assist in our assessment and treatment of the child. Enclosed you will find an NICHQ Form and School Assessment Form. Please distribute copies of this form to the child's teacher(s) and return to our agency as soon as possible. These can be faxed back to our agency at (812) 479-5014 or given to the student's parent/guardian to bring to our agency. We would also benefit from records on the child, including psychological testing reports, report cards, IEP's, 504 plan, etc.

Thank you for your assistance.

Respectfully,

*Melissa A Jones, Ph.D. HSPP*

Melissa Jones, PhD.  
Clinical Psychologist  
IN HSPP #20042087A

Enclosure

## SCHOOL ASSESSMENT FORM

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Please provide comments under each section:

### Academic Performance

### Behavior/Conduct

### Peer Interaction

In Classroom:

During unstructured activities (ie: recess, lunch)

### Family Involvement

### Any Other Issues or Concerns