

# Information Gathering: School & Parental Checklist

A high number of yes responses indicate a greater risk.

Name of Young person:	
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Date:	
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**ATTENDANCE**

	YES	NO	N/A	COMMENTS
Reluctance to leave the house in the mornings				
Late for school				
Absent for part or whole days				

**ENVIRONMENTAL**

	YES	NO	N/A	COMMENTS
Significant life events (e.g.: moving house/school, separation of parents/family members, additions to the family, death of a pet) Please specify				
Young person living in more than one home/temporary accommodation				
Parental involvement with education (e.g. homework, parent teacher meetings, good communication with school)				
Practical/financial challenges in getting to school				

**LEARNING NEEDS**

	YES	NO	N/A	COMMENTS
Inabilities to problem solve				
Organisational difficulties				

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	YES	NO	N/A	COMMENTS
Homework not done/incomplete on a regular basis				
Difficulties working under pressure/ processing difficulties				
Specific learning difficulty Please specify				
Not achieving learning potential				
Avoidance of particular school activities/subjects				
SOCIAL				
	YES	NO	N/A	COMMENTS
Bullying				
Fallen out with friends/ difficulties with peer relationships				
Social communication difficulties				
Not independent for age				
Struggles during unstructured times				
Lack of active engagement in social and leisure outlets				
EMOTIONAL WELL BEING				
	YES	NO	N/A	COMMENTS
Often appears tired				
Often appears to be lacking in interest/ motivation				
Demonstrates low self esteem				
Shy, quiet or passive				

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EMOTIONAL WELL BEING				
	YES	NO	N/A	COMMENTS
Appears worried or anxious				
Displays behaviours that challenge				
Lack of involvement in school life				
PHYSICAL WELL BEING				
	YES	NO	N/A	COMMENTS
Had a serious illness or have a medical condition				
Complained of sickness or headaches				
Had rapid weight gain or loss				
Changes in eating habits				
Other				
Completed by: (please include school, parent/guardian, young person's name as appropriate)	_____ School Representative  _____ Parent/Guardian  _____ Young Person			