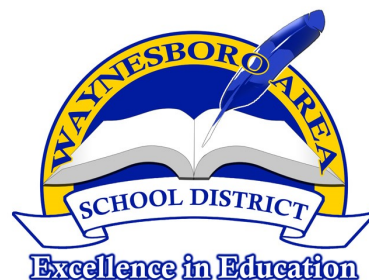




WASD ESAP SCHOOL COUNSELOR REPORT



TO: _____ SCHOOL: _____

FROM: ESAP

RE: _____ GRADE: _____ HOMEROOM: _____

DATE: _____

The ESAP Team is in the process of gathering information on the above-mentioned student. Your input is essential. Your attention is greatly appreciated.

Thank you.

ACADEMIC INFORMATION

Please indicate any support service(s) of which the student may be taking advantage:

_____ Tutoring	_____ 504 PHS
_____ MTSS Team	_____ ESL
_____ Learning Support	_____ Speech/Hearing
_____ Emotional Support	_____ Probation/Parole

PSYCHOLOGICAL INFORMATION

_____ Yes	_____ No	Has a psychological evaluation been done on this student?
_____ Yes	_____ No	Has a psychiatric evaluation been done on this student?
_____ Yes	_____ No	In addition to your role as counselor, are you aware of any type of counseling or therapy, current or in the past, of which this student may be taking advantage?

COUNSELOR INFORMATION

Please provide any additional information you feel would be helpful in the team's data gathering of this child.

OTHER INFORMATION from various school supports
