

# Initial Student Counseling Assessment Form

Directions: This form is to be completed by the counselor during or immediately following the initial intake assessment.

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## 1. General Information

Student Full Name:	<input type="text"/>	Date of Assessment:	<input type="text"/>
Date of Birth:	<input type="text"/>	Grade / Class:	<input type="text"/>
Assigned Counselor:	<input type="text"/>	Referred By:	<input type="text"/>

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## 2. Reason for Referral & Presenting Concerns

Primary Concern (e.g., anxiety, academic stress, behavioral issues, peer conflict):

Frequency of Concern (e.g., daily, weekly, during specific classes):

Duration / When did the issue first start?

## 3. Academic & Behavioral Status

Current Academic Standing (Pass/Fail/Concerns):	<input type="text"/>
Attendance and Punctuality Issues:	<input type="text"/>
Classroom Behavior Observations:	<input type="text"/>

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## 4. Social & Emotional Assessment

Student's Mood / Affect during assessment:	<input type="text"/>
Peer Relationships & Social Support:	<input type="text"/>
Identified Coping Mechanisms (Healthy or Unhealthy):	<input type="text"/>

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## 5. Family & Home Environment

Family Structure / Significant Home Life Factors:

Parent/Guardian Involvement & Support Level:

## 6. Assessment Findings & Clinical Impressions

Counselor Observations & Summary:

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## 7. Action Plan & Recommendations

**Recommended Counseling Frequency:**

**Immediate Intervention Actions:**

**External Referrals Needed (Medical, Tutor, Specialist):**

**Next Scheduled Follow-up Date:**

**Counselor Signature:**

**Date:**