

# Guidance Counselor Assessment Form

Name \_\_\_\_\_ Present Grade \_\_\_\_\_ Birthday Verification \_\_\_\_\_  
(last) (first) (M.I.)

Days absent in Grade 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ PA SECURE ID# \_\_\_\_\_

Please note any major disciplinary issues your school has had with this student. (please attach student's record if needed):

Attitude towards school: (please circle one)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Note any medical problems: \_\_\_\_\_  
(to be completed by nurse)

Has the student ever been retained? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what grade(s)

Grade this Marking Period (cumulative to date)

English \_\_\_\_\_ Social Studies \_\_\_\_\_ Science \_\_\_\_\_ Other \_\_\_\_\_

Math \_\_\_\_\_ Algebra \_\_\_\_\_ Pre-Algebra \_\_\_\_\_ Other \_\_\_\_\_

Industrial Arts \_\_\_\_\_ Typing \_\_\_\_\_ Art \_\_\_\_\_ Other \_\_\_\_\_

Standardized Test results:

Is the student presently in Compensatory or Remedial?

**Math** Yes \_\_\_\_\_ No \_\_\_\_\_

**Reading** Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** \_\_\_\_\_

Does the student receive special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have a 504 plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever been through the child find process? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student receive ELL services? Yes \_\_\_\_\_ No \_\_\_\_\_

Guidance Counselor \_\_\_\_\_  
(print name) (Signature) Telephone number and ext.