School Health and Wellness Center

Clinical Assessment

Student Name		Date of Assessment	
Studnet #		Date of Birth	

SISP		Grade		Tier Level		Update Date	
School		Teacher		Date Filed		Date of Last Report	

Strengths/Assets

What are the student's strengths? What are the significant strengths of the family? Identify educational strengths. (student, family & educational strengths, i.e., hobbies, interests, talents, spiritual, personality, etc.)

Symptoms & Significant Life Events

What are the presenting behaviors and emotional problems? Are there any ongoing concerns about the student's behavior or psychological condition? What kinds of difficulties have adults (parents/guardians/teachers) noticed in the student's behavior?
Why is the student referred for services today? Why is help being sought at this time?

Social-Emotional Assessment

Identify the Highest Needs in each SEL Competency

Self-Awareness	Self-Management	Social Awareness	Relationship Skills	Responsible Decision-making
Identifying Emotions	Goal Setting	Appreciating Diversity	Communication	Analyzing Situations

Accurate Self-Perception	Impulse Control	Empathy	Relationship Building	Ethical Responsibility
Recognizing Strengths	Organizational Skills	Perspective-Taking	Social Engagement	Evaluating
Self-Confidence	Self-Discipline	Respect for Others	Teamwork	Identifying Problems
Self-Efficacy	Self-Motivation			Reflecting
	Stress Management			Solving Problems

Medical Care

List all prescription medication student is taking (current or past). Include the prescriber's name, medication name, dosage, route, frequency, any side effects, and if they are still taking it. If none skip to the next question.

Mental Health Service History

Has the student received mental health services in the past or currently? Include type of service, date of service, reason, and name of provider/agency. Did they complete services? Were the services effective? Current diagnoses? If none skip to the next question.

Legal Status and Legal Involvement and History

Has the student had a history of, or current involvement with the legal system (i.e., legal charges)? If none, skip to the next question

Trauma History

Has the student experienced or witnessed a traumatic event? If yes, describe the trauma. Note if the trauma was a single event or sustained over time. Examples: Physical abuse, domestic violence/abuse, financial abuse, community violence, physical neglect, verbal/emotional abuse, sexual abuse/molestation, foster-care placement, CPS involvement, etc. If abuse or neglect was it reported? (Make note if additional mandated reporting is required.)

Mental Status Exam

Observations

Appearance		Neat		Disheveled		Inappropriate		Bizzare		Other
Speech		Normal		Tangential		Pressured		Impoverished		Other
Eye Contact		Normal		Intense		Avoidant		Other		
Motor Activity		Normal		Restless		Tics		Slowed		Other
Affect		Full		Constricted		Flat		Labile		Other
Comments										

Mood

	Euthymic		Anxious		Angry		Depressed		Euphoric		Irritable		Other
Comments:												

Cognition

Orientation Impairment		None		Place		Object		Person		Time
Memory Impairment		None		Short-Term		Long-Term		Other		
Attention		Normal		Distracted		Other				
Comments:										

Perception

Hallucinations		None		Auditory		Visual		Other
Other		None		Derealization		Depersonalization		
Comments:								

Thoughts

Suicidality		None		Ideation		Plan		Intent		Self-Harm
Homicidal		None		Aggressive		Intent		Plan		
Delusions		None		Grandiose		Paranoid		Religious		Other
Comments:										

Behavior

	Cooperative		Guarded		Hyperactive		Agitated		Paranoid

	Stereotyped		Aggressive		Bizarre		Withdrawn		Other
Comments:									

Insight		Good		Fair		Poor	Comments:
Judgment		Good		Fair		Poor	Comments:

This Clinical Summary is based upon information provided by: (Check all that apply)

	Student		Parent/Guardian		Parent/Guardian		Teacher
	Peers		Screener(s)		Classroom Observation		Other(s)
Comments:							

Clinical Formulation - Interpretative Summary

Summary of presenting problem	
Main Problem of Concern	
Predisposing factors (How did the problem develop?)	
Precipitating factors (What are the identified triggers?)	
Maintaining factors (What is maintaining the problem?)	
What is the relationship between the problem of concern and mental health issues (if present)?	

Medical Necessity

	Reduce Symptoms		Address Symptoms		Stabilize Symptoms
	Improve Functioning		Prevent Decompensation		Prevent a higher level of care

CASII Score			**DSM-5 Diagnosis**			**MEDICAID SED**	
CASII Date	Score	Level	DX Date	Primary	Secondary	Yes	No
Comments:			Comments:				

Signatures

Print Provider Name/Credential	Signature of Provider	Date
Print QMHP Supervisor Name/Credential (if needed)	Signature of QMHP Supervisor	Date
Print name of Parent/Guardian	Signature of Parent/Guardian	Date
Print the name of the Student (if needed)	Signature of Student	Date