**SCHOOL SOCIAL WORK ASSESSMENT& EVALUATION REPORT**

**School:**

**Student Name:** **Student #:**

**DOB:** **Grade Level:**

**Referred by:** **Referral Date:**

**Assessment Dates:**

**Parent(s)/Guardian(s): Phone:**

**Address**:

**Report Completed By: Report Date:**

**Reason for Referral:**

**Eligibility**:

**School Social Work Assessment/Evaluation Procedures**:

**Relevant Background Information**:

***Demographic***

***Education***

***Health/Mental Health***

***Other***

**Student Strengths:**

**Student’s Current Level of Functioning and Needs**:

**Supports/Resources Available (school, family, community, etc.):**

**Clinical Impressions & Factors Impacting Educational Performance:**

**Focus Areas**:

**Recommendations:**

*School Social Worker*

*Cooperative Educational Services*