

CONFIDENTIAL - PERSONAL HISTORY FORM

TO BE COMPLETED BY PARENT/GUARDIAN:

Student's Name: _____ Community: _____

Does he/she smoke cigarettes, drink alcohol, or use any drugs? Yes No Unsure

Describe: _____

Has he/she had any involvement with the police or courts? * Yes No Unsure

Describe: _____

*Please attach probation conditions, court orders, etc...

Has he/she experienced any of the following traumatic events?

- | | |
|-----------------------------------|----------------------------------|
| ___ Sexual Abuse | ___ Physical Abuse |
| ___ Emotional Neglect | ___ Domestic Violence |
| ___ Family Drug/Alcohol Abuse | ___ Chronic Illness of Parent |
| ___ Family Incarceration | ___ Divorce/Separation of Parent |
| ___ Death of Family Member/Friend | ___ Other _____ |

Comments: _____

Has he/she ever been treated or evaluated for mental health issues. If yes, list name of counsellor and dates treated: _____

Do you have any additional information that you would like to share with us to ensure his/her safety and enjoyment while he/she is attending school? (allergies, likes/dislikes, hobbies, interests, favourite foods, etc)

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY CURRENT TEACHER AND SOCIAL COUNSELLOR:

School History:

Does this student require any type of Special Education or tutoring?	Yes	No
Does this student generally like school?	Yes	No
Will this student be socially promoted this year, based on age?	Yes	No
Will this student be able to handle college level courses?	Yes	No
Did this student have any incidents while in school?	Yes	No
Has this student had any mental health issues (ie. suicide ideation)	Yes	No

Is there anything else we should know about this student to ensure his/her success, safety and well-being?

Student Signature: _____

Teacher Signature: _____

Social Counsellor Signature: _____