

Fresno State
Department of Social Work Education
PPS Program

Multidimensional Assessment

Identifying Information

Student Name _____ ID # _____ M ___ F ___ Other ___

Ethnicity _____ Primary Language _____ Birthdate _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

School _____ Grade _____ RM # _____ Teacher _____

Referred by (name & relationship) _____

No. of Behavior Referrals this year: _____

Current Attendance Record _____ Current Grades/GPA _____

Reason for Referral:

Background Information

History of Presenting Concerns:

School Adjustment (academic performance, attendance, behavior, etc.):

Peer Relationships:

Health/Medical History:

Student Strengths:

Special Concerns/Other:

Neighborhood Information

Summary of Neighborhood Environment:

Summary of Condition of Home Environment:

Family and Support System Information

Family in Household:

Extended Family Support System (extended family, church, community organization, etc.):

Summary of Family Interaction (include cultural considerations):