Dear UTSA Student:

We appreciate your interest in Counseling Services at UTSA. Because of the current high demand for learning disability assessments, all students seeking assessment are placed on a waiting list. As a result of the need for a waitlist, there is the possibility that you may not be tested until next semester. Nevertheless, we want you to know that you are very important to us, and we will do our best to serve your needs in an expedient fashion.

As soon as an assessment time becomes available, a clinician will call you to set up the initial pre-screen session. Please note: if you fail to appear for the scheduled session, and do not call to cancel the appointment, your name will go immediately to the bottom of the waitlist and you may also be charged $15 for the missed appointment.

Feel free to check-in with us on a monthly basis to see where you are on the list, and also to let us know that you are still interested in our services. You can call anytime during our business hours: (Monday, Thursday, and Friday; 8:00 a.m. – 5:00 p.m.; and Tuesday and Wednesday 8:00 a.m. – 7:00 p.m.), at (210) 458-4140.

If you would prefer not to be placed on our waiting list, we have a list of individuals who conduct learning disabilities testing in the greater San Antonio area. However, it is important for you to know that you will have to pay for any services you receive outside of the university. Treatment costs vary from agency to agency.

Again, we thank you for your interest in Counseling Services. If you have any additional questions or concerns, please feel free to call us at (210) 458-4140. We look forward to working with you soon.

Sincerely,

The Counseling Services Staff

One UTSA Circle, RWC 1.810 ● San Antonio, Texas 78249-6088

(210) 458-4140 ● (210) 458-4141 (fax)

**Please keep this page for your personal reference.**
Welcome to UTSA Counseling Services. In addition to individual, couple, and group therapy, we also offer testing for learning disorders. Here’s some information about the process:

1. You have already started the first step of this process by registering with Counseling Services and talking with a clinician. Now you will need to:

- **Print a copy of your transcript from ASAP** (unofficial copy is okay). If you do not yet have a UTSA transcript, provide a copy of your high school transcript, if possible.

- **Fill out the Information Form as completely** as possible. Call your parents, grandparents, and/or siblings to gather information that you do not know. You must fill out this form; do not allow anyone else to write in your answers or dictate answers to you. If others provide the needed information to complete a section(s), please indicate who offered you the information and include their relationship to you.

- **Bring any copies of prior learning disability test reports** or results that you have access to. If you do not have a copy of these reports, please contact sources that can release the reports to you.

- Once you have returned the completed form to us, all information you write on this form will be kept confidential and will not be accessible by anyone outside Counseling Services.

2. Return this form and any previous test results to Counseling Services along with your transcript and your name will then be placed on the waiting list.
   - **LD Pre-Screenings have an associated fee of $100.00**
   - **LD Screenings have an associated fee of $300.00 total (the $100 paid towards pre-screen is applied towards the screening fee)**
   - **LD Comprehensive evaluations have an associated fee of $500.00 total (the $100 paid towards pre-screen is applied towards the screening fee)**.
   - An **LD Pre-Screening** is the first testing step for all students, and will take approximately 2 hours to complete. You will be given immediate feedback including being told if additional testing is needed.
   - An **LD Screening** if recommended, will take approximately 2-1/2 to 4 hours and will take two sessions to complete.
   - An **LD Comprehensive** evaluation if recommended, will take approximately 4-6 hours and will require two, sometimes three, sessions to complete. NOTE – if you fail to appear for any testing session, and do not call to cancel the appointment at least 30 minutes before the appointment, your name will immediately go to the bottom of the waiting list. You may also be charged $15 for the missed appointment.
   - At each level of testing, you will spend some time talking to a clinician and will then be given some short tests. Some will be paper and pencil, and some are on the computer.
   - Be sure to bring your glasses and any other aids you may need.
   - Please inform the clinician prior to your assessment if you are utilizing any medications to assist in managing inattention or hyperactive symptoms.

3. After you have completed either a screening or comprehensive evaluation, an appointment will be made for a feedback session. Feedback sessions typically are scheduled approximately one month after your testing is completed. This session will be with the same clinician who conducted the testing.

**Please keep this page for your personal reference.**
4. Attend the Learning Disability Feedback session.
   - These typically last less than an hour. You will be given information about your test results and a written report will be given to you.
   - If the clinician determined you have a learning disability, you will be encouraged to take the written report to Student Disability Services so that the process of applying for academic accommodations can begin. You will be provided with the original, signed copy of your assessment report.
   - If the clinician determined that it is unlikely that you have a learning disability, the clinician will discuss your areas of strengths and weaknesses and the assessment process ends here.

**Important Information about Learning Disability Evaluation**
- Even if you are diagnosed with a Learning Disability, you still must take the TASP. Having an LD does not excuse you from any section of the test.
- It is best to begin this process at the beginning of the semester. Counseling Services makes no guarantees about when the reports will be completed nor can Counseling Services promise to help you receive any special accommodations on upcoming exams.
- The final copy of your learning disability assessment report will not be shared with anyone or any organization outside of Counseling Services without your expressed written consent. As noted above, you will be provided with a copy of your report; you may share this copy with Student Disability Services or any other entity that may require it.
Student Name: ________________________  Date given this form: _____________________________

Birthdate: ___________  Age: ______  Gender: □ Female  □ Male

Handedness: □ Right  □ Left  □ Both  Marital Status: _____________________________

CONTACT INFORMATION: (To ensure your confidentiality, please be mindful of whom else may have access to the voice mail and/or email accounts as the following information will be used to contact you.)

Phone Number__________________________________________

Email Address___________________________________________

REASON FOR REFERRAL: □ Learning Disability  □ ADD/ADHD  □ Psychological Disability
Reason for Seeking Evaluation: __________________________________________________

Who recommended that you seek an evaluation now? _______________________________________

Have you ever been diagnosed as having a learning disability? □ Yes  □ No
If yes, what was the specific area of concern? _____________________________________________

How old were you when you were diagnosed? _____________________________________________

Who made the diagnosis? ______________________________________________________________

What services were provided for you? _____________________________________________________

How long did you use these services?  □ 1-3 years  □ 4-6 years  □ 7-9 years  □ Over 9 years

When was the last time you were formally assessed/tested for a learning disability? __________

Who performed the assessment? __________________________________________________________

How have you tried to overcome your learning difficulties?: ______________________________________

____________________________________________________________________________________

For Office Use Only:

Please return to:
Vanessa Aviña-Peña, PhD
FAMILY/SOCIAL/DEVELOPMENTAL HISTORY:

Your Mother’s Pregnancy with You: Did your mother use/experience any of the following while she was pregnant with you?

- Prescription Meds
- Alcohol
- Marijuana
- No Doctor’s Care
- Medical Condition
- Prior Miscarriage(s)
- Cigarettes
- Vitamins
- Unusual Bleeding
- Emotional Condition
- High Blood Pressure
- Measles
- Anemia
- Abnormal Weight Gain
- X-rays Taken
- Unplanned Pregnancy
- Inhalants
- Street Drugs
- Difficulty Conceiving

Please explain any that you checked: __________________________________________

__________________________________________________________________________________________

Birth Information:

Mo’s age at birth: _______ Length of Pregnancy: _______ Birthplace: ________________________________
Fa’s age at birth: _______ Length of Labor: __________ Birth Order: ________________________________
Birth Weight: __________ Length of Hospital Stay: ______ # of Siblings/Ages: __________________________

During your birth, were there any complications during your delivery or just after?

- Forceps used
- Breech birth
- Labor induced
- Feeding difficulties
- Incubator used
- Jaundiced
- Breathing problems
- C-section performed

Please explain any that you checked: _____________________________________________________________

__________________________________________________________________________________________

Developmental Milestones: At what age did you first

- Turn over: _______ Stand alone: _______ Walk down stairs: _______ Understand words: _______
- Sit alone: _______ Walk alone: _______ Toilet Trained: _______ Show interest in sounds: _______
- Crawl: _______ Walk up stairs: _______ Speak words: _______ Speak in sentences: _______

What was the primary language spoken in your home while growing up? ____________________________
What is the primary language now spoken in your home? ________________________________
If not English, how old were you when you began to learn English? _______________________________

For Office Use Only:
Describe your parents’ marital relationship while you were growing up. Include any divorces, remarriages, and the age you were when they divorced/remarried.

_____________________________________________________________

_____________________________________________________________

How did your parents discipline you when you were younger? ____________________________________

How did your parents discipline you when you were older? ______________________________

Have you ever been: □ Physically Abused □ Sexually Abused □ Verbally/Emotionally Abused

Describe your childhood, especially any significant events such as losses, deaths, moves, etc.

_____________________________________________________________

_____________________________________________________________

Your past & current relationships, marriages & children: _______________________________________

_____________________________________________________________

_____________________________________________________________

What are your assets or strengths as a person: _____________________________________________

_____________________________________________________________

For Office Use Only:
How many different schools did you attend from:

Kindergarten through 6th grade? __________________________________________________________

7th through 12th grade? _________________________________________________________________

How frequently were you absent each year while in high school (average # of days/year)

<table>
<thead>
<tr>
<th></th>
<th>Freshman:</th>
<th>Sophomore:</th>
<th>Junior:</th>
<th>Senior:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______</td>
<td>_____</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

What was the most frequent reason for your absences?

- Illness
- Disciplinary Action
- Work
- Moving
- Lack of Interest
- Other

Please explain any that you checked: ______________________________________________________

__________________________________________________________

Have you ever attended these classes or been described as the following:

- Repeated Grades
- Resource Room/Remedial Tutoring
- Mental Retardation
- Underachiever
- GED
- Skipped Grades
- Special Education Programming
- Slow Learner
- Frequently missed school

In what grade were you when you were placed in this class? ________________________________

How long were you in that class? _________________________________________________________

What was the approximate size of your high school senior class? ____________________________

What was your class rank:

- Top 25%
- Middle 50%
- Lower 25%

For Office Use Only:
In high school, approximately how much time per day did you spend on extracurricular activities?

☐ 1-3 hours  ☐ 4-6 hours  ☐ More than 6 hours

In high school, approximately how much time per day did you spend studying?

☐ 1-3 hours  ☐ 4-6 hours  ☐ More than 6 hours

Have any members of your immediate family (e.g. parents; brothers; sisters; your children) experienced difficulty in school?  ☐ Yes  ☐ No

If yes, please describe; ___________________________________________________________ __________

Have any members of your family been diagnosed as having a learning disability?  ☐ Yes  ☐ No

If yes, what is their relationship to you?

__________________________________________________________

What were their specific areas of difficulty?

_________________________________________________________

Please fill in the following:

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>Names of Best Subjects</th>
<th>Grades in Best Subjects</th>
<th>Names of Worst Subj’s</th>
<th>Grades in Worst Subj’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What allowed those subjects to be your best? ____________________________________________

What caused those subjects to be your worst? ____________________________________________

For Office Use Only:
Semester entered UTSA: ____________________________  Transfer Student:  □ Yes  □ No
Student Classification: ____________________________  GPA: __________
Major(s): ____________________________  Which College(s): ____________________________

For this semester:
# of class hours: ____________________________  # of hours employment/week: __________
# of hours on homework/week: __________  # of hours on extracurricular /week: __________
# of classes missed: ____________________________  # of classes tardy: ____________________________

How many semesters have you been at UTSA?  □ First  □ 2-4  □ 5-6  □ 7-8  □ 9-10  □ 10 and over
Are you currently on academic probation?  __________________________________________
Have you ever been on academic probation at UTSA?  ____________________________

Of the following, place a check mark next to those areas in which you have difficulties in college:

□ Writing  □ English  □ Natural Sciences
□ Reading  □ Algebra  □ Social Sciences
□ Basic Math  □ Geometry  □ Foreign Languages
□ History  □ Vocabulary  □ Remembering Information
□ Taking Tests
□ Others (specify): ____________________________

Have you discussed the difficulties you are having with your instructor?  __________________________
What other efforts have you utilized to assist you in your courses?  __________________________

For Office Use Only:
Of the following, which teaching methods do you prefer? (Check all that apply)

☐ Lecture  ☐ Lecture & Hands-on
☐ Small group discussion  ☐ Lecture & small group discussion
☐ Hands-on approach  ☐ Small group discussion & Hands-on
☐ Other (specify):

Of the following, which teaching methods are difficult for you? (Check all that apply)

☐ Lecture  ☐ Lecture & Hands-on
☐ Small group discussion  ☐ Lecture & small group discussion
☐ Hands-on approach  ☐ Small group discussion & Hands-on
☐ Other (specify):

Which test formats do you prefer?

☐ Short Answer  ☐ Multiple choice  ☐ Essay
☐ Oral examination  ☐ True/False
☐ Other (specify):

Which test formats are difficult for you?

☐ Short Answer  ☐ Multiple choice  ☐ Essay
☐ Oral examination  ☐ True/False
☐ Other (specify):

Describe how you study for an examination?

Approximately how much time do you spend studying each day?

☐ 1-3 hours  ☐ 4-6 hours  ☐ More than 6 hours

Of the following, place a check mark next to those which you currently utilize on a regular basis:

☐ Tape record lecture notes  ☐ Charts/Diagrams  ☐ Group Review Sessions
☐ Outline Text  ☐ Tutoring Sessions  ☐ Highlight text
☐ Re-write lecture notes  ☐ Library Resources  ☐ Study partner
☐ Other (specify):

If you don’t use any of the items listed above, please explain why: ________________________________

For Office Use Only:
## SKILLS ASSESSMENT

Indicate how easy or difficult the following tasks were for you as a child/adolescent and today:

<table>
<thead>
<tr>
<th>Easy to Learn</th>
<th>Difficult for me to do</th>
<th>Neither Easy or Difficult</th>
<th>Is still Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Learning the alphabet
- Fixing appliances/machines
- Keeping a rhythm
- Learning to tell time
- Concentrating where it is noisy
- Taking notes in lecture
- Following/remembering verbal directions
- Expressing yourself orally
- Writing an outline
- Learning to read
- Carrying a tune
- Speed reading
- Learning to spell
- Copying from the blackboard
- Multiple choice exams
- Learning mathematical concepts
- Learning a sport
- Learning algebra
- Performing math calculations
- Learning dance steps
- Learning geometry
- Memorizing math times tables
- Reading maps/diagrams
- Learning to relax
- Learning script handwriting
- Learning to type
- Feeling confident
- Learning a foreign language
- Remembering phone #’s/dates
- Interacting socially
- Writing compositions
- Organizing study time
- Making friends
- Understanding what you read

For Office Use Only:
WORK HISTORY:
1. What are some typical jobs that you have held and how long do they usually last? ______________________
________________________________________________________________________________________
________________________________________________________________________________________

2. What is the longest you have ever worked at one place? ________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. What is the most responsible/most advanced job you have held? ______________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. How would your employers describe you? ________________________________
________________________________________________________________________________________
________________________________________________________________________________________

5. Future career goals: ________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

MEDICAL HISTORY:
Have you ever been hospitalized? □ Yes □ No
If yes, why? ________________________________

Has illness, injury or other event ever interrupted your attendance in school? □ Yes □ No

If yes, during what grades? ________________________________
For how long? ________________________________
Describe the illness or injury: ________________________________

When was your last physical examination? ________________________________
When was your last eye examination? ________________________________
When was your last hearing examination? ________________________________

Do you have any history of head trauma (TBI, concussions, and/or loss of consciousness)? □ Yes □ No

If yes, please describe ________________________________
Please check any of the following that you or a close family member have experienced & describe below:

(G: Grandparent; P: Parent; S: Sibling; Y: You)

<table>
<thead>
<tr>
<th>G</th>
<th>P</th>
<th>S</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Describe any items you endorsed above for yourself:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
List any current medications & recent changes in your medication:
__________________________________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________________________________

How much do you drink per weekday? __________________________ Per weekend day? __________________________

Do/did you ever use street drugs?  □ Yes  □ No

If yes, which substance(s), how much, and how frequently? ________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________________________________________

PSYCHIATRIC HISTORY:
Check all that you have been involved in:
□ Individual Psychotherapy  □ Family Psychotherapy  □ Group Psychotherapy
□ Chemical Dependency Treatment  □ Inpatient Hospitalization  □ Vocational Rehabilitation

Describe type, frequency, and length of treatment: __________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________________________________________

For Office Use Only:
<table>
<thead>
<tr>
<th></th>
<th>G</th>
<th>P</th>
<th>S</th>
<th>Y</th>
<th></th>
<th>G</th>
<th>P</th>
<th>S</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td>Manic-Depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td>ADHD/Hyperactivity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Panic Attacks</td>
<td></td>
<td></td>
<td></td>
<td>Alcohol/Substance Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Eating Disorder</td>
<td></td>
<td></td>
<td></td>
<td>Schizophrenia/Psychosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Suicidality</td>
<td></td>
<td></td>
<td></td>
<td>Personality Disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Physical Abuse</td>
<td></td>
<td></td>
<td></td>
<td>Gang Involvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sexual Abuse</td>
<td></td>
<td></td>
<td></td>
<td>Legal Difficulties (Arrests, jail, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Emotion/Verbal Abuse</td>
<td></td>
<td></td>
<td></td>
<td>Financial Difficulties</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Runaway</td>
<td></td>
<td></td>
<td></td>
<td>History of Assault/Homicidal</td>
</tr>
</tbody>
</table>

Describe as necessary: ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

For Office Use Only: