



# Counseling or Psychotherapy Services

(If Applicable - Includes Social Skills Counselor and Peer Counseling)

Name of applicant \_\_\_\_\_

## To the Counselor

The above named student is an applicant to Charles Armstrong School, a school for specific learning disabilities. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Charles Armstrong School in care of the admission office. We greatly appreciate your contribution.

❖ What is the duration, modality and frequency of contact with this student?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ What is the presenting problem and relevant issues addressed in treatment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ How have this child's learning disabilities affected your treatment of this student?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ What is the current and past medication history of this student?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ How would you rate this student's functioning in the following areas?  
• Ability to separate in an age-appropriate manner:  
\_\_\_\_\_  
\_\_\_\_\_

- Ability to make and maintain friends:

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- Involvement in recreational and leisure activities:

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- Ability to follow rules and adjust to institutional expectations:

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- Social Skills:

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❖ Will you remain involved in a counseling relationship with this student after CAS admittance?

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❖ Would you recommend further counseling or other services that would help support this student?

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Please provide any additional comments that would aid the admission office.

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Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

School Name\_\_\_\_\_

City\_\_\_\_\_

E-mail\_\_\_\_\_

School Phone\_\_\_\_\_

**Please return to Charles Armstrong School, Admission Office, 1405 Solana Drive, Belmont, CA 94002**