



St. Anthony's College
Morne Coco Road, Diego Martin
Tel: 637-6744; Email: admin@stanthonys.edu.tt
Website: stanthonys.edu.tt

Student Support Information
PRIVATE & CONFIDENTIAL

Student Information	
Name (Surname, First Name) _____	Class: _____
Date of Birth (mm/dd/yyyy) _____	Student's Age: _____
Address (No Abbreviations): _____	
Religion: _____	

Student S.E.A Scores	
SEA Score -English Language Arts (Writing): _____	
SEA Score -English Language Arts: _____	
SEA Score -Mathematics: _____	SEA Score -Composite Score: _____

Father's Information	
Name (Surname, First Name) _____	ID: _____
Address (No Abbreviations): _____	
Contact No. _____	WhatsApp No. _____
Religion: _____	Profession: _____

Mother's Information	
Name (Surname, First Name) _____	ID: _____
Address (No Abbreviations): _____	
Contact No. _____	WhatsApp No. _____
Religion: _____	Profession: _____

Guardian's Information	
Name (Surname, First Name) _____	ID: _____
Address (No Abbreviations): _____	
Contact No. _____	WhatsApp No. _____
Religion: _____	Profession: _____

Student Issues Assessment - Child Custody

Please indicate whether the student is subject of Child Custody proceedings.

- ☐ Yes - Child Custody proceedings are ongoing
- ☐ Yes - Child Custody proceedings are finalized
- ☐ No Child Custody proceedings

Student Issues Assessment - Exam Concessions

Please indicate which of the following exams concessions previously granted to the Student

- ☐ SEA Concessions
- ☐ NCSE Concessions
- ☐ No Exam Concessions

Student Issues Assessment - Exam Concessions Type

Please indicate which of the following concessions type previously granted to the Student

- ☐ SEA Concessions
- ☐ Frequent Breaks
- ☐ Separate Room
- ☐ None

Student Issues Assessment - Primary School Repeater

Please indicate which of the following classes was repeated by the Student

- ☐ Standard 5
- ☐ Standard 1
- ☐ Standard 4
- ☐ 2nd Year Infants
- ☐ Standard 3
- ☐ 1st Year Infants
- ☐ Standard 2
- ☐ None

Student Issues Assessment - Traumatic incidence(s)

Are there any traumatic incidence(s) the student may have experienced?

- ☐ Divorce
- ☐ Separation
- ☐ Abandonment
- ☐ Absent Parent
- ☐ Death of a close relative
- ☐ COVID-19 survivor
- ☐ Other: _____

Student Issues Assessment - Mental Health Diagnosis

Please indicate which of the following diagnosis apply to the student

☐ Attention deficit hyperactivity disorder (ADHD)

☐ Anxiety

☐ Autism

☐ Depression

☐ Disruptive Mood Dysregulation Disorder

☐ Conduct Disorder (CD)

☐ Eating Disorders

☐ Generalized Anxiety Disorder

☐ Manic Episode and Bipolar I Disorder

☐ Obsessive-Compulsive Disorder (OCD)

☐ Oppositional Defiant Disorder (ODD)

☐ Panic Disorder

☐ Post-traumatic Stress Disorder (PTSD)

☐ Separation Anxiety Disorder

☐ Social Anxiety Disorder

☐ Social (Pragmatic) Communication Disorder

☐ Tourette Syndrome

☐ None

Student Issues Assessment - Professional Therapy

For any of the above traumatic experiences and challenges listed below, please indicate which professional has or is assisting the student.

☐ Psychologist

☐ Psychiatrist

☐ Student Support Services (Guidance Officer, Social Worker, Diagnostic Unit, Special Ed.)

☐ Other: _____

Student Issues Assessment - Prescribed Medication

Please indicate which conditions the student has or is currently using prescribed medication [medication prescribed for a specific condition(s) of the student by a doctor]

☐ Medical Conditions

☐ Mental Health Conditions

☐ Other: _____

Student Issues Assessment - Student Challenges (Current)

Is the student currently experiencing or have challenges in any of the following areas?

- ☐ Anxiety

☐ Depression

☐ Self-harm

☐ Suicidal thoughts

☐ Anger

☐ Physical abuse

☐ Sexual abuse

☐ Verbal Abuse

☐ Emotional abuse

☐ Domestic violence

☐ Substance use/abuse (alcohol, marijuana, cigarettes etc)

☐ Gambling

☐ Family issues

☐ Lack of support at home

☐ Witnessed domestic violence

☐ Witnessed abuse

☐ Witnessed substance use/ abuse

☐ Witnessed death
- ☐ Exposure to guns and ammunition

☐ Exposure to violence

☐ Exposure to drugs and alcohol

☐ Death Threats to the student's Biological Parent(s)

☐ Death Threats to the student's Caretaker(s)

☐ Death Threats to the student

☐ Smoking

☐ Class Truancy

☐ Disruptive class behavior

☐ Frequent absences

☐ None

☐ Other:

Student Issues Assessment - Student Challenges (Past)

Has the student experienced or had challenges in any of the following areas?

- ☐ Anxiety

☐ Depression

☐ Self-harm

☐ Suicidal thoughts

☐ Anger

☐ Physical abuse

☐ Sexual abuse

☐ Verbal Abuse

☐ Emotional abuse

☐ Domestic violence

☐ Substance use/abuse (alcohol, marijuana, cigarettes etc)

☐ Gambling

☐ Family issues

☐ Lack of support at home

☐ Witnessed domestic violence

☐ Witnessed abuse

☐ Witnessed substance use/ abuse

☐ Witnessed death
- ☐ Exposure to guns and ammunition

☐ Exposure to violence

☐ Exposure to drugs and alcohol

☐ Death Threats to the student's Biological Parent(s)

☐ Death Threats to the student's Caretaker(s)

☐ Death Threats to the student

☐ Smoking

☐ Class Truancy

☐ Disruptive class behavior

☐ Frequent absences

☐ None

☐ Other:

Student Issues Assessment - Status of Biological Father

- ☐ Currently Alive and not living with Student
- ☐ Currently Alive and living with Student
- ☐ Currently Alive and incarcerated (serving a prison sentence)
- ☐ Currently Alive and incarcerated (awaiting court trial)
- ☐ Deceased due to ill-health
- ☐ Deceased due to unlawful death
- ☐ Deceased due to other reasons
- ☐ Divorced
- ☐ Separated
- ☐ Temporarily migrated
- ☐ Permanently migrated

Student Issues Assessment - Status of Biological Mother

- ☐ Currently Alive and not living with Student
- ☐ Currently Alive and living with Student
- ☐ Currently Alive and incarcerated (serving a prison sentence)
- ☐ Currently Alive and incarcerated (awaiting court trial)
- ☐ Deceased due to ill-health
- ☐ Deceased due to unlawful death
- ☐ Deceased due to other reasons
- ☐ Divorced
- ☐ Separated
- ☐ Temporarily migrated
- ☐ Permanently migrated

Student Issues Assessment - Student's Caretaker

Please indicate who the student lives with.

- ☐ Biological Father and Mother

☐ Step father
- ☐ Biological Father

☐ Step Mother
- ☐ Biological Mother

☐ Uncle
- ☐ Grandparents (Both)

☐ Aunt
- ☐ Grandfather

☐ Cousin
- ☐ Grandmother

☐ Other: _____

Student Issues Assessment - Ongoing Court Matters

Please indicate which of the following caretakers has ongoing court matters (excluding child custody).
Also, if the Student's Father or Mother is not presently living with the student and have ongoing court matters,
this should be clearly indicated.

- ☐ Biological Father and Mother
- ☐ Biological Father
- ☐ Biological Mother
- ☐ Grandparents (Both)
- ☐ Grandfather
- ☐ Grandmother
- ☐ Step Father
- ☐ Step Mother
- ☐ Uncle
- ☐ Aunt
- ☐ Cousin
- ☐ No ongoing court matters

Student Issues Assessment – Other Information

Are there constraints (e.g financial/emotional/physical/religious etc) that could impact the student's development?

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name: _____