

Warren Woods Public Schools 12900 Frazho Warren, Michigan 48089 Phone: 586-439-4469 Fax: 586-353-0544

www.warrenwoods.misd.net

## **STUDENT PROFILE INFORMATION**

Date:			
Student Name:			
Parent/Guardian(s):			
Address:			
City:	State:		Zip/Postal Code:
Home Phone:		Cell Phone:	
School:		Principal:	
Student Assistance Sp	pecialist (C.A.R.E.)		
Name:			
Address:		City/State:	Zip/Postal Code:
Phone:		Fax:	
	s of any school infractions this ye		
	s or infractions for last school ye		
4. Include copy of report car	ds, grades, and attendance reco	rd for this year and las	t year. (please attach.)
5. Indicate the name of the n date of administration. (p		ievement test (i.e. NW	(EA, Plan, etc.) the student has taken and
6. What behavioral and acad	lemic interventions have been us	sed with this student?	Describe the degree of success of these interventions.

7. Please describe the student's strengths: academically, emotionally, socially, physically, musically.		
8. Please describe any positive adult relationships that the student has had either at your school or outside of school.		
9. What are your biggest concerns about this student returning to your school?		
10. What are your biggest concerns about this student at this time?		
11. Please attach two samples of the student's work from any of his/her classes. Also include any other sample work that you feel would helpful to the committee. (i.e. writing, art work, technical projects, etc.		
neipiul to the committee. (i.e. writing, art work, technical projects, etc.		
12. Describe the students goal in entering Enterprise High School.		
13. Please add any additional comments or information here.		



Warren Woods Public Schools 12900 Frazho Warren, Michigan 48089 Phone: 586-439-4469 Fax: 586-353-0544

www.warrenwoods.misd.net

## **ENTERING STUDENT BEHAVIORAL REPORT**

Student Name:	Referring	School:		
Attends to Tasks				
Area of Strength				
Needs Work	Specific Observed Behaviors	Behavioral Goal		
Serious Concern				
contact contact.				
Appropriate Lan	guage			
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work	Specific Observed Beliaviors	Deliavioral Goal		
Serious Concern				
Respect for Othe	er Students			
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work				
Serious Concern				
Respect for Staff	•			
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work				
Serious Concern				
<b>Conflict Manage</b>	ment			
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work				
Serious Concern				
Anger Management				
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work				
Serious Concern				

Stress Managem	ent			
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work				
Serious Concern				
Attendance/Pun	ctuality			
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work				
Serious Concern				
Follows Directio	ne			
☐ Area of Strongth				
Area of Strength  Needs Work	Specific Observed Behaviors	Behavioral Goal		
Serious Concern				
Jenous concern				
Self-Control				
Area of Strength				
Needs Work	Specific Observed Behaviors	Behavioral Goal		
Serious Concern				
Kindness/Empat	hy			
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
☐ Needs Work				
Serious Concern				
Drug Free				
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
☐ Needs Work				
Serious Concern				
Bus Behavior				
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work				
Serious Concern				
Other				
Area of Strength	Specific Observed Behaviors	Behavioral Goal		
Needs Work				
Serious Concern				

Comments from Referring Staff					
Referring Administrator:	Phone/E-mail:				

Phone/E-mail:

Referring Counselor/SSW: