



EAST RUTHERFORD PUBLIC SCHOOLS
School Counseling Services
 100 Uhland Street
 EAST RUTHERFORD, NEW JERSEY 07073

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**SCHOOL
 COUNSELING
 INITIAL SESSION- STUDENT INTERVIEW FORM**

STUDENT INFORMATION

Name: _____
 Date of Birth: _____ Age: _____ Gender: _____
 Grade Level: _____ Time spent in East Rutherford School District: _____
 Previous School Districts
 Attended: _____

PERSONAL STRENGTHS

List of activities you feel you are successful in:

_____	_____
_____	_____
_____	_____
_____	_____

List of personality/character traits you feel are strengths:

_____	_____
_____	_____
_____	_____
_____	_____

List of personality/character traits you always hear others tell you are your strengths:

_____	_____
_____	_____

SOCIAL STRENGTHS

<Place an 'X' next to each skill that applies to you.>

- | | |
|---|---|
| <input type="checkbox"/> Seek out social interactions | <input type="checkbox"/> Make friends & maintain friendships |
| <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Thinks for self & doesn't follow crowd |
| <input type="checkbox"/> Ask for help/assistance when needed | <input type="checkbox"/> Follow the rules & routines well |
| <input type="checkbox"/> Comforting to others when needed | <input type="checkbox"/> Truthful & honest |
| <input type="checkbox"/> Accept personal responsibility for actions (positive & negative) | <input type="checkbox"/> Positive relationships with adults |
| <input type="checkbox"/> Like to help others
frustrated | <input type="checkbox"/> React appropriately when |
| <input type="checkbox"/> Good at problem-solving | <input type="checkbox"/> Set & accomplish goals |
| <input type="checkbox"/> Eager to learn new things
(compromise) | <input type="checkbox"/> Good at social negotiation |
| <input type="checkbox"/> Work well one-on-one | <input type="checkbox"/> Work well in small-group situations |

PEER RELATIONS

Identify a word to describe yourself: (1: In-school) _____ & (2: Out of school) _____

- | | | | |
|---|-----|----|--------------|
| I am confident in my ability to make friends (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to maintain friendships (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to handle peer pressure (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to manage conflicts (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to set boundaries (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to be assertive & communicate (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to compromise (<i>circle one</i>): | Yes | No | I don't know |

ACADEMIC PERFORMANCE

- | | | | |
|--|-----|----|--------------|
| I am confident in my ability to remain organized (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to manage my time (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to apply study skills (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my ability to reduce test anxiety (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in my test-taking skills (<i>circle one</i>): | Yes | No | I don't know |
| I am confident in knowing my learning style (<i>circle one</i>): | Yes | No | I don't know |
| | | | |
| I would like to understand what my test scores mean in relation to academic and career planning (<i>circle one</i>): | Yes | No | I don't know |
| I would like to understand the best high school options for me (<i>circle one</i>): | Yes | No | I don't know |
| I would like to understand the best college and career options for me (<i>circle one</i>): | Yes | No | I don't know |
| I would like to understand how to create achievable goals for myself and an action plan (<i>circle one</i>): | Yes | No | I don't know |
| I would like to understand how I can improve my standardized testing performance (<i>circle one</i>): | Yes | No | I don't know |

Yes No I don't know

I would like to understand how I can improve my academic performance overall (*circle one*):

Yes No I don't know

FAMILY DYNAMICS

Identify two words to describe your home life: (1) _____ & (2) _____

Who lives in the home with you regularly (include pets)?:

Next to each name listed above, identify one word to describe your relationship with that person and write it.

<Check off the family concerns you have.>

<input type="checkbox"/> Verbal altercations	<input type="checkbox"/> Physical altercations
<input type="checkbox"/> Feeling unloved	<input type="checkbox"/> Alcohol Use
<input type="checkbox"/> Drug use	<input type="checkbox"/> Dishonesty/stealing
<input type="checkbox"/> Divorce/separation	<input type="checkbox"/> Financial issues
<input type="checkbox"/> Abuse/neglect	<input type="checkbox"/> Sibling issues
<input type="checkbox"/> Inadequate housing/food	<input type="checkbox"/> Employment
<input type="checkbox"/> Mental health concerns	<input type="checkbox"/> OTHER:

INDIVIDUAL FEELINGS

<Check off things you are currently experiencing or have in the past.>

<input type="checkbox"/> Sadness	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Weight/appearance changes
<input type="checkbox"/> Changes in eating patterns	<input type="checkbox"/> Gender/sexual identity
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Paranoid thoughts
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Poor concentration
<input type="checkbox"/> Irritability	<input type="checkbox"/> Racing thoughts
<input type="checkbox"/> Social anxiety	<input type="checkbox"/> Drug/alcohol/vaping/smoking experimentation
<input type="checkbox"/> Self-harm (cutting/mutilation)	<input type="checkbox"/> Trauma flashbacks
<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Anxiousness
<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Suicidal thoughts/attempts
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER

COPING STRATEGIES

When I am experiencing a strong emotion, I do the following:

<Place an 'X' next to each coping strategy that you apply.>

- | | | |
|---|---|--|
| <input type="checkbox"/> Spend time with my family | <input type="checkbox"/> Spend time with my friends | <input type="checkbox"/> Spend time alone |
| <input type="checkbox"/> Identify the silver lining | <input type="checkbox"/> Pray/Spiritual/Religious | <input type="checkbox"/> Ignored the issue |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Watch television | <input type="checkbox"/> Play a game |
| <input type="checkbox"/> Take it out on others | <input type="checkbox"/> Blame someone | <input type="checkbox"/> Destroy things |

___ Ate more than usual
it

___ Refuse to follow rules

___ Make jokes about

___ Meditate

___ Exercise

___ Sleep

___ Other:

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