Individual Meeting Form

Student Name: ____________________________________________

Date of Individual Meeting: ________________________________

Results of Screening Tool

Score of Trauma Exposure Checklist (Part A): __________

Score of Child PTSD Symptom Scale (Part B): __________

Stressful Event to Be Addressed in Group:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other Significant Issues:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Plan (check all that apply):

_____ Contact Parent

_____ Student will Participate in Group

_____ Student Ineligible/Inappropriate for Group, Describe: ________________

________________________________________________________________________

_____ Student Refuses Group

_____ Referral to: ______________________________________________________