

國立南科國際實驗高級中學雙語部個別輔導申請表（教師專用）

學生姓名		出生日期	年	月	日
性別	<input type="checkbox"/> 男 <input type="checkbox"/> 女	就讀班級			
聯絡電話	父： 母：	主要聯絡人		關係	
主訴問題描述					
家庭概況	<p>1. 家庭結構(可複選)：</p> <p><input type="checkbox"/>雙親家庭(單薪或雙薪) <input type="checkbox"/>單親家庭(父或母) <input type="checkbox"/>隔代教養 <input type="checkbox"/>繼親家庭</p> <p>2. 目前同住家人</p> <p><input type="checkbox"/>父親 <input type="checkbox"/>母親 <input type="checkbox"/>兄，__人 <input type="checkbox"/>弟，__人 <input type="checkbox"/>姊，__人 <input type="checkbox"/>妹，__人</p> <p><input type="checkbox"/>其他：_____</p>				
觀察評估	<p>一、個人特質(可複選)</p> <p><input type="checkbox"/>活潑開朗 <input type="checkbox"/>內向退縮 <input type="checkbox"/>容易衝動 <input type="checkbox"/>敏感細膩 <input type="checkbox"/>自我中心</p> <p><input type="checkbox"/>缺乏自信 <input type="checkbox"/>完美主義 <input type="checkbox"/>缺乏彈性 <input type="checkbox"/>挫折容忍度低 <input type="checkbox"/>其他_____</p> <p>二、生活常規(可複選)</p> <p><input type="checkbox"/>無法遵守班級常規 <input type="checkbox"/>無法完成師長指令 <input type="checkbox"/>生活作息不正常</p> <p><input type="checkbox"/>無法完成份內工作 <input type="checkbox"/>個人衛生習慣不佳 <input type="checkbox"/>生活自理能力不佳</p> <p><input type="checkbox"/>其他_____</p> <p>三、學習概況(可複選)</p> <p><input type="checkbox"/>缺乏學習動機 <input type="checkbox"/>對學科好惡分明 <input type="checkbox"/>學習態度不佳</p> <p><input type="checkbox"/>學業成就低落 <input type="checkbox"/>上課易分心無法專注 <input type="checkbox"/>缺乏適當學習策略</p> <p><input type="checkbox"/>認知理解能力不足 <input type="checkbox"/>上課常有干擾行為 <input type="checkbox"/>無法準時繳交作業或訂正</p> <p>四、人際互動(可複選)</p> <p><input type="checkbox"/>相處融洽 <input type="checkbox"/>不主動參與同儕活動 <input type="checkbox"/>容易被欺負、嘲笑</p> <p><input type="checkbox"/>容易發生衝突 <input type="checkbox"/>常欺負、嘲笑或捉弄他人 <input type="checkbox"/>缺乏適切的人際互動技巧</p> <p><input type="checkbox"/>常命令他人卻不願意聽取意見 <input type="checkbox"/>其他_____</p> <p>五、情緒狀態(可複選)</p> <p><input type="checkbox"/>常無故哭泣 <input type="checkbox"/>提不起勁沒有活力 <input type="checkbox"/>容易緊張、焦慮不安</p> <p><input type="checkbox"/>容易發怒 <input type="checkbox"/>心浮氣躁、容易衝動 <input type="checkbox"/>情緒壓抑</p> <p><input type="checkbox"/>過度敏感 <input type="checkbox"/>情緒反應過大 <input type="checkbox"/>情緒麻木、平淡</p> <p><input type="checkbox"/>其他_____</p> <p>六、特殊行為表現(可複選)：</p> <p><input type="checkbox"/>拒學 <input type="checkbox"/>經常性說謊 <input type="checkbox"/>偷竊 <input type="checkbox"/>有自傷、自殺意圖或行為</p> <p><input type="checkbox"/>不服管教 <input type="checkbox"/>暴力行為 <input type="checkbox"/>強迫行為(如:洗手、摳咬指甲、拔毛髮)</p> <p><input type="checkbox"/>其他_____</p>				
一級輔導概況	<p>1. 曾採取哪些輔導介入策略？</p> <p><input type="checkbox"/>師生晤談，次數_____次 <input type="checkbox"/>安排同儕協助 <input type="checkbox"/>親師溝通</p> <p><input type="checkbox"/>尋求專業諮詢 <input type="checkbox"/>尋求行政支援 <input type="checkbox"/>提供醫療資源</p> <p><input type="checkbox"/>其他_____</p> <p style="text-align: right;">教師簽章：_____</p>				

NNKIEH IBST Counseling Application (Teachers)

Student Name		Birthday	(year)	(month)	(day)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade			
Contact phone number	Dad : Mom :	Main Contact		Relation	
Main concern					
Family Background	<p>1. Family Structure(check that all apply) :</p> <p><input type="checkbox"/>Two-parent family (One Salary or Two Salaries) <input type="checkbox"/>Single parent family(Dad or Mom)</p> <p><input type="checkbox"/>Grandparent family <input type="checkbox"/>Step family</p> <p>2. Co-resident Family</p> <p><input type="checkbox"/>Dad <input type="checkbox"/>Mom <input type="checkbox"/>Elder Brother, how many:___ <input type="checkbox"/>Younger Brother, how many:___</p> <p><input type="checkbox"/>Elder sister, how many:___ <input type="checkbox"/>Younger sister, how many:___ <input type="checkbox"/>Others : _____</p>				
Observation and Evaluation	<p>1. Personality (check that all apply)</p> <p><input type="checkbox"/>active optimistic <input type="checkbox"/>introverted flinch <input type="checkbox"/>impulsive <input type="checkbox"/>sensitive exquisite</p> <p><input type="checkbox"/>self-center <input type="checkbox"/>lack of confidence <input type="checkbox"/>perfectionism <input type="checkbox"/>lack of flexibility</p> <p><input type="checkbox"/>low frustration tolerance <input type="checkbox"/>Others_____</p> <p>2. Self-Disciplines (check that all apply)</p> <p><input type="checkbox"/>cannot follow class rules <input type="checkbox"/>cannot follow teachers' instruction <input type="checkbox"/>keep late hours</p> <p><input type="checkbox"/>cannot finish duties <input type="checkbox"/>bad personal hygienic habits</p> <p><input type="checkbox"/>cannot take care of themselves <input type="checkbox"/>Others_____</p> <p>3. Academic Performances (check that all apply)</p> <p><input type="checkbox"/>lack of learning motivation <input type="checkbox"/>clear subjects likes and dislikes <input type="checkbox"/>bad learning attitude</p> <p><input type="checkbox"/>low academic performance <input type="checkbox"/>often distracted in class <input type="checkbox"/>lack of proper learning strategy</p> <p><input type="checkbox"/>bad cognition and understanding <input type="checkbox"/>often distract others<input type="checkbox"/>cannot turn in assignments</p> <p>4. Social Interactions (check that all apply)</p> <p><input type="checkbox"/>work well with others <input type="checkbox"/>participate in peer activity passively <input type="checkbox"/>easily being bullied and mocked <input type="checkbox"/>easily have conflict with others <input type="checkbox"/>often bully, mock or make fun of others <input type="checkbox"/>lack of proper interaction skills <input type="checkbox"/>often make commend but is not willing to advice from others</p> <p><input type="checkbox"/>Others_____</p> <p>5. Emotions (check that all apply)</p> <p><input type="checkbox"/>often cries for no reason <input type="checkbox"/>Can't get charged up not energetic <input type="checkbox"/>being nervous and anxious easily <input type="checkbox"/>get angry easily <input type="checkbox"/>flighty and impetuous and impulsive <input type="checkbox"/>suppress emotions</p> <p><input type="checkbox"/>overly sensitive <input type="checkbox"/>emotions over react <input type="checkbox"/>Emotional numbness <input type="checkbox"/>Others_____</p> <p>6. Behavior issues (check that all apply) :</p> <p><input type="checkbox"/>school refusal <input type="checkbox"/>often lie <input type="checkbox"/>theft <input type="checkbox"/>self-harm intension or behavior <input type="checkbox"/>rebellious</p> <p><input type="checkbox"/>Violence <input type="checkbox"/>Compulsive behavior (ex: washing hand, biting nails, pull hair) <input type="checkbox"/>Others_____</p>				
Level One Counseling Measures	<p>1. What counseling strategy has been done?</p> <p><input type="checkbox"/>Teacher-Student Conference, how many times? _____ <input type="checkbox"/>Arrange peer assistant</p> <p><input type="checkbox"/>Teacher-Parent Communication <input type="checkbox"/>Seek help from professional Counselor <input type="checkbox"/>Seek help from the Admins <input type="checkbox"/>Provide Medical Resources <input type="checkbox"/>Others_____</p> <p style="text-align: right;">Teacher's Signature : _____</p>				