



Joseph Pfeifer Kiwanis Camp

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ACE STATEMENT OF NEEDS *confidential*

First Name _____ Middle Name _____ Last Name _____ Grade _____

Birthdate _____ Age _____ Race _____ Gender _____ Soc. Sec. # _____

School _____ Teacher _____ School ID # _____

Identifying Characteristics: Please rate the student as compared to his/her peers in the classroom (1 = Poor and 5 = excellent)

	Poor/Low			Excellent/High	
Academic Performance in the classroom	1	2	3	4	5
Behavioral Performance in the classroom	1	2	3	4	5
Self-Esteem	1	2	3	4	5

Please check any areas of concern:

- | | | |
|---|--|---|
| <input type="checkbox"/> Peer to peer relationships | <input type="checkbox"/> Peer to adult relationships | <input type="checkbox"/> Attitude toward school |
| <input type="checkbox"/> Parent involvement | <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Self-motivation |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Ability to concentrate | <input type="checkbox"/> Self-control |
| <input type="checkbox"/> Maturity for age | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Completes schoolwork |

To the best of your knowledge, please check all that apply to the student's family and school history:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> physical abuse | <input type="checkbox"/> gang activity by child | <input type="checkbox"/> weapon use by child | <input type="checkbox"/> death of parent/sibling |
| <input type="checkbox"/> emotional abuse | <input type="checkbox"/> gang activity in family | <input type="checkbox"/> weapon use by family | <input type="checkbox"/> suicide in family |
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> substance abuse by child | <input type="checkbox"/> has been suspended before | <input type="checkbox"/> divorce in family |
| <input type="checkbox"/> neglect | <input type="checkbox"/> substance abuse in family | <input type="checkbox"/> has been retained before | <input type="checkbox"/> teen pregnancy in family |
| <input type="checkbox"/> poor appearance | <input type="checkbox"/> sudden drop in grades | <input type="checkbox"/> changes schools frequently | <input type="checkbox"/> sudden change in behavior |
| <input type="checkbox"/> foster care | <input type="checkbox"/> professional counseling | <input type="checkbox"/> psychological evaluation | <input type="checkbox"/> residential/day treatment |
| <input type="checkbox"/> single parent home | <input type="checkbox"/> has been physically abusive to others | <input type="checkbox"/> had to be physically restrained at school | |

Please describe the student's current abilities and/or needs in the following areas:

I. Academic:

II. Behavior:

III. Social/Self-Esteem:

Please describe any special services or testing that the child has been involved in:

Additional comments, concerns, or information:

Teacher's Signature

Date

Project of the Downtown Kiwanis Club

