



# VULNERABLE STUDENT ASSESSMENT FORM

(TO BE COMPLETED BY SCHOOL BASED TEAM)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Abed: Yes No

School Based Team members: \_\_\_\_\_

Completed by: \_\_\_\_\_

The following form is to help school based teams determine the level of risk and potential need for additional supports.

**Elementary aged students:** If the total number of YES responses is 6 or more, then the student included in the vulnerable category. If a combination of Inferred and confirmed responses add up to 8 or more, then the student is included in the vulnerable category.

**Middle/high School aged students:** If the total number of YES responses is 8 or more, then the student included in the vulnerable category. If a combination of Inferred and confirmed responses add up to 10 or more, then the student is included in the vulnerable category.

FACTORS INFLUENCING STUDENT VULNERABILITY	CONFIRMED	INFERRED	UNKNOWN	NO
Victim of Abuse (emotional or physical)				
Guardians are recently divorced or separated				
Ministry involvement - past or present				
Lack of resources - i.e. food, housing, clothing				
Aggressive behaviour				
Depressive behaviour				
Suicidal ideation and/or attempt				
Lack of positive role model				
Negative peer group				
Poor health				
Negative police involvement				
Drug or Alcohol use				
On I.E.P. Designation code:				
High Absenteeism				
Poor academic performance				
Experiencing social isolation				
Experiencing bullying behaviour				
Other consideration:				
	Total:	Total:		

CONFIDENTIAL - OFFICE USE ONLY - NOT TO BE KEPT IN THE STUDENT FILE

Included as a vulnerable student for school year: \_\_\_\_\_ Yes No

*Please forward a copy the Director of Instruction, Inclusive Education and the Manager of Safe Schools.*