STUDENT:

WLE REFERRAL ASSESSMENT TOOL AND PROGRAM PLANNER

Students work on the first 3. When these are completed, the final two goals will be assigned. Please prioritize.

STUDENT STRENGTH'S

Please outline current positive attributes of your client (hobbies, school)

CASE MANAGEMENT/ TREATMENT GOALS IN ORDER OF PRIORITY

Please outline CAS, Probation, CST or Parent goals for this client. WLE Clinical Team will add Treatment Goals at Admission

INDIVIDUALIZED PROGRAM GENERATOR/CLIENT RISKS AND NEEDS

Please choose 10 Items from the below list in order to help us formulate an individualized treatment program that will best suit your clients needs. Additional Treatment areas are integrated into the program. Please inqure for more Therapeuti

☐ RELATIONSHIP WITH FAMILY/SIGNIFICANT OTHERS	☐ ANGER MANAGEMENT/EMOTION REGULATION
☐ Working on improving relations with parents	☐ Developing Non Aggressive Coping Mechanisms
☐ EDUCATION & EMPLOYMENT	☐ Working on improving frustration tolerance
☐ Improving Schoolyard Behaviour	☐ Effective Communication Skills
☐ Developing School Performance	☐ PERSONALITY & BEHAVIOUR
☐ Improving Social/Peer Relations	☐ Improving Distorted Thinking Errors
☐ Improving Social/Teacher Relations	☐ Working on improving attention span
☐ Defining Work/Career Goals	☐ Developing a sense of Empathy for others
☐ INTERACTIONS WITH PEERS AND STAFI	☐ Improving Decision Making Skills
☐ Developing a positive peer group	☐ Improves Conflict Management Skills
☐ Actively seeking positive role models	☐ ATTITUDES & ORIENTATION
☐ SUBSTANCE ABUSE TREATMENT	☐ Developing a Pro-Social Attitude
☐ Working on Substance Abuse Issues	☐ Learning to seek help from others
☐ Active participation in Substance Abuse Programming	☐ Learning to accept Authority
☐ MOTIVATION/ RESPONSE TO PROGRAM	☐ Developing a Concern for others
☐ Developing Free Time Management Skills	**CASE MANAGER:**

APPROVED STUDENT CONTACT #'S:	OFFICE ADDRESS	
	PHONE:	
	EMAIL:	
	FAX:	