

Problem Solving Form (Grades 2-5)

Name:	
Teacher:	Date:
How long has this problem been going on? __ Just started today __ This month __ This week __ Longer than a month	What type of problem is this? __ Home/Family __ Friendship Troubles __ School Work/Grades __ Emotional Trouble __ Other
Will this still be a problem tomorrow? __ Yes __ No __ Maybe	
Is this a problem I can try to solve? Yes No	
If yes, what have you done to solve it? _____ _____ _____	
Tell me about your problem... _____ _____ _____ _____ _____ _____ _____ _____	
Have you shared this problem with anyone else? If yes, who _____ _____	
What will you do now? _ Try to solve this on my own _ Share this with a grown-up at home	

_ Give this to my teacher for help

_ Ask for help from a School Counselor (put in mailbox)