**Pedido de Consulta Psicológica**

Ano letivo 20\_\_/20\_\_

**Identificação do aluno**

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data de Nascimento: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Idade: \_\_\_\_\_\_\_\_ anos

Escola: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ano de escolaridade: \_\_\_\_ Turma: \_\_\_\_\_\_\_\_\_

Encarregado de Educação: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profissão: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Habilitações Escolares: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endereço:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefone/Telemóvel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O aluno já foi acompanhado:

* Pelo SPO da Escola
* Por um Serviço externo à Escola

Qual? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quando? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caracterização do Pedido**

Quem faz o pedido? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Razão do pedido de consulta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Há quanto tempo sente o problema? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Quais as estratégias anteriormente utilizadas para lidar com a situação?

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**Informações adicionais**

Caracterize o aluno relativamente aos seguintes aspetos:

* Aproveitamento escolar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Atitude face ao estudo (por ex. assiduidade, participação, atenção/concentração)

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* Comportamento na sala de aula (por ex. cumprimento de regras) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Relacionamento com colegas e professores

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**Outras informações relevantes:**

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Autorizo Não Autorizo Data: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Recebido em \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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Encarregado de Educação D.T./ Professor(a) Psicóloga