

Social/Emotional/Behavioral Data

PREVIOUS DATA

Instrument	Date	Informant	Areas w/ Clinically Significant Scores	Areas w/ "At Risk" Scores
__ BASC __ CBCL __ Conners' __ DSM-IV checklist Other: _____				
__ BASC __ CBCL __ Conners' __ DSM-IV checklist Other: _____				
		CURRENT	DATA	
		(attach additional	page if necessary)	
__ BASC __ CBCL __ Conners' __ DSM-IV checklist Other: _____				
__ BASC __ CBCL __ Conners' __ DSM-IV checklist Other: _____				

Functional Behavior Assessment (FBA): _____ **Date(s):** _____

Interventions and Targeted Behaviors: _____

To meet the state criteria as Emotionally Disturbed, a student must exhibit one of the following to a marked degree, over a significant period of time, and it must adversely affect academic progress: (check all that apply)

Inability to learn which cannot be explained primarily by intellectual, sensory, health or specific learning disability factors
 Inability to build or maintain satisfactory interpersonal relationships with peers, teachers, and other significant persons
 Inappropriate types of behavior or feelings under normal circumstances
 General pervasive mood of unhappiness or depression
 Tendency to develop physical symptoms or fears associated with personal or school problems

This student (___ does ___ does not) meet the state criteria as Emotionally Disturbed.

Hospitalization/Treatment

Please describe prior or on-going hospitalization or clinical (outpatient) counseling within the last 3 years: Date(s): ___/___/___ - ___/___/___

Treatment Modality (in-patient, counseling, medication, etc.): _____ Contact: _____

Is this student currently prescribed medications for emotional/behavioral difficulties? Yes No

If yes, please list medications and dosage: _____

Based on current classroom performance, parental information, and teacher observations,

Yes No *This student's educational performance is consistent with previous assessment results.*

Yes No *This student's environment, overall adjustment and educational profile are consistent with previous evaluations.*

Yes No *Review of previous emotional/behavioral evaluations indicates consistent and valid results.*

Yes No *Additional behavioral/emotional data would prove irrelevant to the issues of continued eligibility, programming and instruction.*

Signature – Reviewing Assessment Specialist _____