

Educational Questionnaire - School Age

Dear Educational Team,

Your student has been referred to Developmental and Behavioral Pediatrics for evaluation or treatment. Thank you in advance for completing the following form. Information and input from your team is **very important** to us! We suggest, if possible, that the form be completed jointly by all members of your team or that a lead person complete it with input from the rest of the team.

Diagnostic and treatment decisions rely on an understanding of a child's functioning in a variety of settings. We rely on you to understand student functioning in the school setting. We also rely heavily on testing completed in the school setting. We do not repeat any testing that is completed at school and do not have the ability to perform cognitive or psychoeducational testing. Any testing completed through our center will be to inform diagnosis or contribute to medical or behavioral treatments.

Before scheduling a child's evaluation, we ask the family to collect educational records and appreciate when school teams can help make sure the family has the following materials to send to us:

- Educational questionnaire (completed by team members most familiar with the child)
- Current IEP, 504 plan, RTI, etc.
- Most recent psychoeducational testing
 - Psychological evaluation (cognitive, adaptive, academic)
 - Speech language evaluation
 - PT/OT evaluations
 - Functional Behavioral Assessment/ Behavior Intervention Plan

Please return this completed form to the child's parent(s) or guardian. If you have any questions, please call us at (585) 275-2986.

Thank you.



Child's name _____

Child's date of birth _____

Date form completed _____

Persons Completing Form

Name	Role on team	Phone number

Child Information

<p>Tell us about the child's strengths.</p>
<p>Please list your major concerns about this child.</p>
<p>What specific questions or areas of assessment would you like addressed during the evaluation?</p>

School Information

Home school district	
School name	
Does the child have any of the following supports?	<input type="checkbox"/> AIS <input type="checkbox"/> 504 plan <input type="checkbox"/> IEP <input type="checkbox"/> FBA <input type="checkbox"/> BIP
If the child has an IEP, what is his or her classification?	
Please select the classroom type (mark all that apply)	<input type="checkbox"/> General education <input type="checkbox"/> Inclusion classroom <input type="checkbox"/> Self-contained classroom <input type="checkbox"/> Resource room <input type="checkbox"/> Other (please specify)
If the child is in a special classroom, what type?	<input type="checkbox"/> 15:1 <input type="checkbox"/> 12:1:4 <input type="checkbox"/> 12:1:1 <input type="checkbox"/> 8:1:1 <input type="checkbox"/> 6:1:1 <input type="checkbox"/> Other (please specify)

Current Services

Please provide information about the child's current services (mark all that apply).

Service	Frequency per week/month	Individual or group?	Push-in or pull-out?
<input type="checkbox"/> Speech-language therapy		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Occupational therapy		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Physical therapy		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Special education or Special Education Itinerant Services (SEIT)		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Vision services		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> ABA		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> DIR		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Adaptive physical education		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Counseling		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out

<input type="checkbox"/> 1:1 aide/para-professional		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Extended school year		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Reading intervention		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Math intervention		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Other:		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out
<input type="checkbox"/> Other:		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Push-in <input type="checkbox"/> Pull-out

Comments

Please comment on the following areas (strengths, concerns, description of difficulties; particularly in day to day situations, in the classroom, with family or other children).

General health	
General health, school attendance <input type="checkbox"/> No concerns	
Vision/hearing <input type="checkbox"/> No concerns	
Other health issues <input type="checkbox"/> No concerns	
Communication	
Expressive <input type="checkbox"/> No concerns	

Verbal comprehension, auditory processing <input type="checkbox"/> No concerns	
Cognitive skills	
General cognitive skills <input type="checkbox"/> No concerns	
Academic skills	
Written communication skills, expression of thoughts/ideas <input type="checkbox"/> No concerns	
Reading skills <input type="checkbox"/> No concerns	
Math skills <input type="checkbox"/> No concerns	
Other skills related to academic achievement (homework completion, test anxiety, etc.) <input type="checkbox"/> No concerns	
Adaptive skills	
Ability to function in the classroom, follow routines, be independent <input type="checkbox"/> No concerns	
Leisure/play skills	
Independent play <input type="checkbox"/> No concerns	

<p>Imaginative or creative play (pretend play, joining group imaginative games)</p> <p><input type="checkbox"/> No concerns</p>	
Social skills	
<p>Interaction with adults</p> <p><input type="checkbox"/> No concerns</p>	
<p>Peer interaction during unstructured activities (recess, free time, lunch, etc.)</p> <p><input type="checkbox"/> No concerns</p>	
<p>Peer interaction/functioning during small group activities</p> <p><input type="checkbox"/> No concerns</p>	
<p>Peer interaction/functioning during large group activities</p> <p><input type="checkbox"/> No concerns</p>	
Motor/sensory skills	
<p>Gross motor</p> <p><input type="checkbox"/> No concerns</p>	
<p>Fine motor</p> <p><input type="checkbox"/> No concerns</p>	
<p>Sensory processing</p> <p><input type="checkbox"/> No concerns</p>	

Behavior	
Attention/distractibility <input type="checkbox"/> No concerns	
Hyperactivity/impulsivity <input type="checkbox"/> No concerns	
Anxiety <input type="checkbox"/> No concerns	
Mood problems/depression <input type="checkbox"/> No concerns	
Disruptive behavior (tantrums, aggression) <input type="checkbox"/> No concerns	
Unsafe behavior (elopement, pica) <input type="checkbox"/> No concerns	
Repetitive behavior (repetitive motor mannerisms, intense interests, rituals, rigidity) <input type="checkbox"/> No concerns	
Other behavior concerns <input type="checkbox"/> No concerns	

Current behavioral strategies (red light/green light, loss of privileges, etc.)

Are the current behavioral strategies working? Yes No

Behavioral strategies attempted in the past

Home and Family (strengths and stressors)

Ability to profit from current education placement

Other things we should know but didn't ask