

meadowlark

PSYCHIATRIC SERVICES

1 South Gilbert Street, Iowa City, IA 52240
319.626.3300

Confidential School Report Form

We greatly appreciate you taking the time to complete this form. The information you share will be reviewed by the student's provider prior to the evaluation.

BACKGROUND INFORMATION

Name of Student _____ Date completed _____

School _____ Date of Birth _____

Address _____ Grade _____

General Education Teacher _____ Phone _____

Special Education Teacher _____

Person Completing Form and Position _____

Names of Counselor/AEA/Other staff involved _____

How long have you known this student? _____

How many hours of contact do you have with this student each week? _____

Programming student currently is receiving (check all that apply)

General Education (time per day) _____

Special Education (time per day) _____

Speech/Language (time per day) _____

OT

PT

AEA Autism/Behavior Support Team

Other school supports:

Has IEP (please provide)

Has 504 plan (please provide)

A Functional Behavior Assessment has been completed (please provide)

Behavior Intervention Plan has been developed (please provide)

CURRENT SCHOOL CHALLENGES

Please check all that apply; if you have more than one concern, please indicate the top concern(s) in rank order:

- | | |
|---|--|
| <input type="checkbox"/> Self-help/independent skills | <input type="checkbox"/> Learning (math, reading, writing) |
| <input type="checkbox"/> Speech/language | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Relationship with adults | <input type="checkbox"/> Work completion |
| <input type="checkbox"/> Relationship with peers | <input type="checkbox"/> School attendance |
| <input type="checkbox"/> Completing routines | <input type="checkbox"/> Sad/depressed mood |
| <input type="checkbox"/> Non-compliance | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Aggressive/fighting | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Rigid/can't adapt to change in schedule | <input type="checkbox"/> Self-harm |
| <input type="checkbox"/> Repetitive behaviors (flapping, rocking) | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Sustaining attention | <input type="checkbox"/> Eating problems |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sensory (overly or underly sensitive) |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Other (please note): _____ |

Please clarify or elaborate on above information: _____

For the primary concern, please put a check mark in the appropriate box to rate how frequently the difficulty happens in the following settings:

	Never/ Almost Never	Sometimes	Often	Very Often
Reading/English				
Math/Arithmetic				
Writing				
Free Time				
Recess				
Transition between activities				

ADDITIONAL INFORMATION

Has the student's behavior changed significantly in the past year? If so, how? _____

Describe academic and behavioral approaches used. Have these been successful? _____

Is the current programming adequate? _____ If not, what may be helpful? _____

What help would you like from us in understanding and/or working with the student? _____

STUDENT STRENGTHS

Please describe strengths you have noticed in the following areas:

Academic: _____

Social/Emotional: _____

Behavioral: _____

Developmental Potential: _____

Does the student have any special skills or interests? _____

ACADEMIC PERFORMANCE

Do you have any data of assessment results that would help us understand the child’s needs (e.g., ITBS, ITED, NWA, MAPS, IQ, etc.)? Please attach a copy, if available.

Name of Test	Date Test Administered	Results

Current Performance and Progress

Subject	Functional Grade Level	Progress (1-5 Scale*)	Receives special help (x if yes)
Reading			
Math			
Spelling			
Handwriting			
Language Arts/English			
Other:			

*Scale 1=No Progress 2=Unsatisfactory 3=Inconsistent 4=Satisfactory 5=Excellent

ADDITIONAL INFORMATION

Please use this space or attach a note if you want to tell us anything else: _____
