

CSC of Eastern Hancock  
10370 E 250 N.  
Charlottesville, IN 46117

**REQUEST FOR PSYCHOEDUCATIONAL EVALUATION PACKET**

Please check the contents of this packet carefully to ensure that all sections are complete.

**REFERRAL REQUIREMENTS:**

- CHECKLIST
- PERTINENT INFORMATION (PAGE 2)
- HEALTH AND DEVELOPMENTAL RECORD (PAGES 3-2)
- TEACHER/COUNSELOR REPORT (PAGE 5)
- REFERRAL FOR EVALUATION (*IIEP*)
- PARENT PERMISSION (*IIEP*)
- WRITTEN NOTICE EVALUATION (*IIEP*)

**DOCUMENTS TO ATTACH:**

- SUPPLEMENTAL TEACHER PAGES (PAGES 6-8 IN EVALUATION REFERRAL PACKET)
- RTI/PROGRESS MONITORING DATA
- ISTEP, NWEA, ACUITY, DIBELS OR OTHER COMPETENCY TEST RESULTS
- MOST RECENT REPORT CARD/TRANSCRIPT
- ACHIEVEMENT TESTING DONE BY RESOURCE TEACHER
- SYSTEMATIC OBSERVATION DONE BY RESOURCE TEACHER
- SPEECH-LANGUAGE PATHOLOGIST REPORT
- BEHAVIORAL SCREENING REFERRALS IF PREVIOUSLY COMPLETED
- FUNCTIONAL BEHAVIORAL ASSESSMENT
- BEHAVIOR INTERVENTION PLAN
- DISCIPLINE LOG
- MEDICAL REPORTS

STUDENT'S FULL LEGAL NAME: \_\_\_\_\_

**PERTINENT INFORMATION**

STUDENT'S FULL LEGAL NAME: _____
STUDENT'S STATE ID NUMBER: _____
CASE CONFERENCE COORDINATOR: _____
PRINCIPAL: _____
TEACHER: _____
SCHOOL CORPORATION OF RESIDENCE: _____

**CONCERNS LEADING TO REFERRAL: (Check as applicable)**

- READING DIFFICULTY
- MATH DIFFICULTY
- DIFFICULTY WITH WRITTEN EXPRESSION
- LEARNING ABILITY/APTITUDE
- VISION/HEARING LOSS
- BEHAVIOR/EMOTIONAL ADJUSTMENT
- MEDICAL/HEALTH/ORTHOPEDIC CONDITION
- OTHER (Please state) \_\_\_\_\_

**HEALTH AND DEVELOPMENTAL RECORD**  
(To be completed by the Parent/Guardian)

**PERSON COMPLETING THESE FORMS:** \_\_\_\_\_

**FAMILY INFORMATION:**

Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Custody Status \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Age \_\_\_\_\_

Employer \_\_\_\_\_ Education \_\_\_\_\_

Phone Numbers: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Age \_\_\_\_\_

Employer \_\_\_\_\_ Education \_\_\_\_\_

Phone Numbers: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Parents are: \_\_\_\_\_ married \_\_\_\_\_ divorced

\_\_\_\_\_ Other: \_\_\_\_\_

Child lives with: \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_ Age at which child came to home if adopted or foster child

Sisters/Brothers (in order of birth)	Age	Sex	Grade	At Home	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other relatives/persons living in the home: \_\_\_\_\_

Were there problems/complications during pregnancy?  Yes  No

Were there problems/complications during delivery?  Yes  No

**DEVELOPMENTAL/MEDICAL INFORMATION:**

1. At what age did the child begin to walk independently? \_\_\_\_\_

2. At what age did your child begin to use: single words \_\_\_\_\_ three word phrases \_\_\_\_\_

3. Has your child ever had any vision, hearing or speech problems? \_\_\_\_\_ Please explain: \_\_\_\_\_

4. Has your child suffered from any of the following: prolonged or serious illness, surgery, serious accident or injury, seizures, diabetes, AD/HD, physical disabilities, etc.? Please explain: \_\_\_\_\_

5. Does your child take any medication on a regular basis? Please specify type of medication, what it is prescribed for and any side effects: \_\_\_\_\_

6. Family Physician: \_\_\_\_\_ Is he/she aware of your child's difficulties? \_\_\_\_\_  
Doctor's comments about these difficulties: \_\_\_\_\_

7. Please list any academic problems, physical conditions or mental health concerns that are present in your family: \_\_\_\_\_

8. Please describe significant sensory issues that your child has experienced (over /under sensitivity to sound, touch, visual stimuli or taste/smell): \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOL/ACADEMIC INFORMATION:**

1. Please list in order the previous schools your child has attended:
- | SCHOOL | LOCATION | GRADES | DATES |
|--------|----------|--------|-------|
| _____  | _____    | _____  | _____ |
| _____  | _____    | _____  | _____ |
2. Did your child receive services through First Steps? \_\_\_\_\_
3. Community preschool? \_\_\_\_\_ Special education preschool? \_\_\_\_\_
4. Please indicate the type(s) of difficulties you feel your child is having in school, as you understand the problem: \_\_\_\_\_
5. How much time each evening does your child spend working on schoolwork? \_\_\_\_\_

**OTHER PERTINENT INFORMATION:**

1. Please check the positive characteristics that describe your child.
- |  |   |
|--|---|
| <input type="checkbox"/> Good sense of humor     | <input type="checkbox"/> Chooses similar aged peers/friends |
| <input type="checkbox"/> Appears happy           | <input type="checkbox"/> Has many interests                 |
| <input type="checkbox"/> Friendly                | <input type="checkbox"/> Tries hard                         |
| <input type="checkbox"/> Liked by other children | <input type="checkbox"/> Likes school                       |
| <input type="checkbox"/> Good sport              |   |
| <input type="checkbox"/> Other: _____            |   |
2. Please check any of the following which apply to your child.
- |   |   |
|---|---|
| <input type="checkbox"/> Lacks motivation     | <input type="checkbox"/> Low Self-concept             |
| <input type="checkbox"/> Easily frustrated    | <input type="checkbox"/> Bed wetting                  |
| <input type="checkbox"/> Cannot sit still     | <input type="checkbox"/> Nail biting                  |
| <input type="checkbox"/> Overly talkative     | <input type="checkbox"/> Depressed                    |
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Unusual fears                |
| <input type="checkbox"/> Daydreams frequently | <input type="checkbox"/> Does not sleep well          |
| <input type="checkbox"/> Temper tantrums      | <input type="checkbox"/> Has few close friends        |
| <input type="checkbox"/> Aggressiveness       | <input type="checkbox"/> Frequent physical complaints |
| <input type="checkbox"/> Shyness              | <input type="checkbox"/> Other: _____                 |
3. What individuals or agencies have worked with your family and what was done?
- |   |   |
|---|---|
| <input type="checkbox"/> Children's Hospital    | <input type="checkbox"/> Welfare Department |
| <input type="checkbox"/> Mental Health Facility | <input type="checkbox"/> Other: _____       |
- Results of the above: \_\_\_\_\_
4. Are there any home circumstances that may be influencing your child's behavior and/or achievement in school (i.e., marital problems, conflicts, illness of family member)?  
 \_\_\_\_\_

- I give permission for this information to be used in a multidisciplinary team report.
- I DO NOT give permission for this information to be used in a multidisciplinary team report.

**TEACHER/COUNSELOR REPORT**  
*(To be completed by a teacher or counselor  
 who is familiar with the student's classroom performance)*

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**POSITIVE CHARACTERISTICS** *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Usually appears happy      | <input type="checkbox"/> Usually completes assigned work  |
| <input type="checkbox"/> Usually is friendly        | <input type="checkbox"/> Displays good effort             |
| <input type="checkbox"/> Has many interests         | <input type="checkbox"/> Usually cooperative and obedient |
| <input type="checkbox"/> Is generally a good sport  | <input type="checkbox"/> Displays a positive attitude     |
| <input type="checkbox"/> Has a good sense of humor  | <input type="checkbox"/> Accepts responsibility           |
| <input type="checkbox"/> Is liked by other students |   |
| <input type="checkbox"/> Other: _____               |   |

**GENERAL CONCERNS ABOUT STUDENT'S PERFORMANCE** *(Check all which apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Inconsistent academic performance             | <input type="checkbox"/> Sometimes hums/makes noises            |
| <input type="checkbox"/> Lack of effort on assigned work               | <input type="checkbox"/> Defiant/disrespectful toward authority |
| <input type="checkbox"/> Careless errors on assigned work              | <input type="checkbox"/> Frequently disruptive in class         |
| <input type="checkbox"/> Incomplete assignments                        | <input type="checkbox"/> Reacts negatively to correction        |
| <input type="checkbox"/> Fails to turn in assigned work                | <input type="checkbox"/> Disturbs/teases other students         |
| <input type="checkbox"/> Difficulty understanding/following directions | <input type="checkbox"/> Outbursts of temper                    |
| <input type="checkbox"/> Reluctant to ask for help                     | <input type="checkbox"/> Difficulty accepting limits            |
| <input type="checkbox"/> Easily influenced by peers                    | <input type="checkbox"/> Frequently uncooperative               |
| <input type="checkbox"/> Responds without thinking                     | <input type="checkbox"/> Sometimes damages property             |
| <input type="checkbox"/> Requires excessive teacher attention          | <input type="checkbox"/> Frequent/dramatic mood changes         |
| <input type="checkbox"/> Overactive                                    | <input type="checkbox"/> Seems overly serious or sad            |
| <input type="checkbox"/> Impulsive                                     | <input type="checkbox"/> Frequent physical complaints           |
| <input type="checkbox"/> Inattentive/Short attention span              | <input type="checkbox"/> Seems to isolate himself/herself       |
| <input type="checkbox"/> Frequently daydreams                          | <input type="checkbox"/> Seems excessively tired                |
| <input type="checkbox"/> Difficulty with social skills                 | <input type="checkbox"/> Displays a negative attitude           |
| <input type="checkbox"/> Seems restless or fidgety                     |   |
| <input type="checkbox"/> Other: _____                                  |   |

**Attendance Information:**

- |  |   |
|--|---|
| <input type="checkbox"/> Good Attendance   | <input type="checkbox"/> Punctual         |
| <input type="checkbox"/> Frequently Absent | <input type="checkbox"/> Frequently Tardy |

Did the student attend kindergarten? Yes  No

Has the student been retained? Yes  No  In what grade(s)? \_\_\_\_\_

**Academic Skills**

	Above Average	Average	Below Average
READING:	_____	_____	_____
WRITTEN EXPRESSION:	_____	_____	_____
MATH:	_____	_____	_____

*(Consult with English and Math teacher about skills rather than grades received)*

**SUPPLEMENTAL TEACHER FORMS**  
(General education teacher: complete pages 6-8 and return to referral coordinator)

**TEACHER REPORT OF GENERAL EDUCATION INTERVENTION**

Accommodations provided: (check all that apply)

_____ Praise/Rewards	_____ Verbal prompts (teacher/peer buddy)
_____ Redirection	_____ Small group work/Partner
_____ Self-check/self-monitor	_____ Timer
_____ Shortened assignments	_____ Homework contract
_____ Tests read aloud	_____ Additional work time
_____ Assignment notebook	_____ Allow corrections of work
_____ Other: _____	

Research Based Interventions: e.g. Reading Mastery, Corrective Reading (attach assessment data)

	<u>Intervention</u>	<u>Started</u>	<u>Frequency</u>	<u>Effectiveness: 1(not)- 5(very)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Additional Interventions: e.g. Tutoring, Remediation Specialist, Title I, Individualized Instruction, School Counseling, Behavior Plan

	<u>Intervention</u>	<u>Started</u>	<u>Frequency</u>	<u>Effectiveness: 1(not)- 5(very)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## TEACHER REPORT OF ACADEMIC DIFFICULTY

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**AUDITORY PERCEPTUAL SKILLS** (*Check problems observed*)

- Difficulty discriminating between similar sounds, blends, letters, or words (please specify/circle)
- Difficulty following oral directions
- Difficulty with sound/symbol relationships

**VISUAL PERCEPTUAL SKILLS** (*Check problems observed*)

- Difficulty discriminating shapes, sizes, color words
- Confuses similar letters (b/d, n/u, p/q, etc.)
- Difficulty finding/keeping place on visual tasks
- Difficulty copying at desk (near distance tasks)
- Difficulty copying from the board (far distance task)

**READINESS SKILL ASSESSMENT** (*Check if applicable for grade and age*)

- Student has adequate pencil grasp.
- Student can write his/her first name.
- Student can count to ten.
- Student can say the alphabet.
- Student identifies approximately \_\_\_\_\_ numbers.
- Student writes approximately \_\_\_\_\_ numbers.
- Student identifies approximately \_\_\_\_\_ letters.
- Student writes approximately \_\_\_\_\_ letters.

**READING ASSESSMENT** (*To be completed by the student's reading teacher*)Degree of reading difficulty:  Mild  Moderate  Severe  None

Problems observed/identified in the student's reading (Check as applicable):

- Difficulty with phonological awareness
- Difficulty remembering words previously learned/seen frequently
- Difficulty learning new vocabulary words
- Difficulty with phonetic skills
- Difficulty with structural skills (prefixes, suffixes, root words, etc.)
- Makes reversals or substitutions in reading (was/saw, what/that)
- Reads word-to-word or at a slow rate
- Ignores grammatical markers
- Difficulty comprehending what is read
- Other: \_\_\_\_\_

READING CURRICULUM MODIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

**MATHEMATICS ASSESSMENT** (To be completed by the student's mathematics teacher)

Degree of mathematics difficulty:  Mild  Moderate  Severe  None

Problems observed/identified in the student's mathematics (Check as applicable):

Difficulty understanding basic math concepts  Difficulty with story problems

Difficulty with math computation  Difficulty with abstract math

Difficulty memorizing math facts

Other: \_\_\_\_\_

**MATHEMATICS CURRICULUM MODIFICATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WRITTEN EXPRESSION ASSESSMENT** (To be completed by the student's language arts teacher)

Degree of writing difficulty:  Mild  Moderate  Severe  None

Problems observed/identified in the student's written expression (Check as applicable):

Difficulty with handwriting  Difficulty with spelling

Difficulty with mechanics  Difficulty with syntax

Difficulty with grammar

Difficulty with thought expression

Other: \_\_\_\_\_

**WRITTEN EXPRESSION CURRICULUM MODIFICATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS/CONCERNS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF GENERAL EDUCATION TEACHER COMPLETING THIS FORM**



Initial Evaluation \_\_\_\_  
Reevaluation \_\_\_\_

**CSC of Eastern Hancock  
Multidisciplinary Special Education Teacher Report**

**SYSTEMATIC OBSERVATION CHECKLIST**

STUDENT: \_\_\_\_\_ SPECIAL EDUCATION TEACHER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ DATE: \_\_\_\_\_

*The following information has been gathered by the special education teacher as it has been observed in various settings. The skills/behaviors listed are those which facilitate success in school. The student has been rated according to the degree to which he/she is currently demonstrating these skills/behaviors.*

S=Strength	A=Average	W=Weakness	NA=Not Applicable	S	A	W	NA
1.	Follows oral directions.			( )	( )	( )	( )
2.	Follows written directions.			( )	( )	( )	( )
3.	Understands most content objectives.			( )	( )	( )	( )
4.	Completes grade level material: e.g, worksheets, workbooks, lab reports, etc.			( )	( )	( )	( )
5.	Learns without adaptation or modification of general education instructional strategies and methodologies.			( )	( )	( )	( )
6.	Understands new concepts and skills presented in the regular classroom without reteaching or extensive tutoring.			( )	( )	( )	( )
7.	Reads assignments and texts at grade level.			( )	( )	( )	( )
8.	Memorizes assignments and lists at grade level.			( )	( )	( )	( )
9.	Writes in a legible manner in cursive or manuscript that is appropriate to the grade or level.			( )	( )	( )	( )
10.	Writes without reversals/transpositions in numbers/words..			( )	( )	( )	( )
11.	Completes written assignments independently.			( )	( )	( )	( )
12.	Takes notes from lecture independently, as applicable to grade or level.			( )	( )	( )	( )
13.	Uses effective study and organizational skills.			( )	( )	( )	( )
14.	Completes assignments without reliance on assistive devices: calculator, number line, learning chart, computer, etc.			( )	( )	( )	( )

- |     |   |     |     |     |     |
|-----|---|-----|-----|-----|-----|
| 15. | Completes assignments within the allotted time.   | ( ) | ( ) | ( ) | ( ) |
| 16. | Turns in assignments at the specified time.   | ( ) | ( ) | ( ) | ( ) |
| 17. | Completes quizzes and tests independently.  | ( ) | ( ) | ( ) | ( ) |
| 18. | Completes quizzes and tests within the allotted time.   | ( ) | ( ) | ( ) | ( ) |
| 19. | Performs at a level which allows use of general education report cards, performance ratings, parent communication, and other evaluation procedures. | ( ) | ( ) | ( ) | ( ) |
| 20. | Follows classroom/school rules.   | ( ) | ( ) | ( ) | ( ) |
| 21. | Maintains appropriate on-task behavior.   | ( ) | ( ) | ( ) | ( ) |
| 22. | Maintains age appropriate interpersonal relationships with peers.   | ( ) | ( ) | ( ) | ( ) |
| 23. | Maintains appropriate interpersonal relationships with teachers and other adults.   | ( ) | ( ) | ( ) | ( ) |

Write comments below to explain weaknesses cited in this report. Comments to be included in the evaluation report should be written in a format which can be typed "as is" by a Joint Services secretary.

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**ACHIEVEMENT TEST:** \_\_\_\_\_  
 (Complete scores as applicable to the test)

**OTHER TEST:** \_\_\_\_\_  
 (List areas/scores below)

MATHEMATICS	SS _____	GE _____	% _____
MATH CALCULATION	SS _____	GE _____	% _____
MATH APPLICATION	SS _____	GE _____	% _____
READING	SS _____	GE _____	% _____
READING RECOGNITION	SS _____	GE _____	% _____
READING COMPREHENSION	SS _____	GE _____	% _____
SPELLING	SS _____	GE _____	% _____
DICTATION	SS _____	GE _____	% _____
WRITTEN LANGUAGE	SS _____	GE _____	% _____
KNOWLEDGE	SS _____	GE _____	% _____
GENERAL INFORMATION	SS _____	GE _____	% _____