

JOHNSTON PUBLIC SCHOOLS

Special Services

STUDENT _____ D.O.B. ____/____/____

SCHOOL _____ GRADE _____ TEACHER/COUNSELOR _____

PARENT/GUARDIAN _____ ADDRESS _____

TELEPHONE: (h) _____ (w) _____ (c) _____

The *Current Concerns Statement* is completed at the Evaluation Team meeting and forwarded as part of the team process to the appropriate evaluator.

Currently receiving special education services: Yes No

If yes - Primary Disability: _____
 Current Service(s): _____

If yes: attach a copy of the service page of the IEP

CURRENT EVALUATIONS	DATE	COMMENTS
Psychological		(include personality testing)
Educational		
Social		
Medical:		
Other:		
Other agency evaluations:		

What behaviors have been observed leading to the suspicion of a clinical disorder?

Systemic factors that may be maintaining or exacerbating the behavior?

Previous interventions? Other agency involvement?

Has an FBA been conducted? If not, explain why. (Unless other wise contraindicated, an FBA should be conducted prior to a clinical evaluation).

If yes: attach FBA, Behavior Intervention Plan, rating scales, etc.

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Major questions to be addressed during the clinical psychological evaluation:

1. Does this child meet the RI Regulations definition of emotionally disturbed?
2. Is this child capable of following the disciplinary code as defined by the school system?

List questions you hope to be answered by a clinical psychological evaluation:

- 1.
- 2.
- 3.

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Please list any *pertinent medical history* (e.g., injuries, operations, medical conditions such as diabetes, seizures, etc.)

Current medications (if any):

Additional information:

CHAIR

DATE