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): _____ _____

CURRENT EVALUATIONS	**DATE**	**COMMENTS**
Psychological		
Educational		
Social		
Medical:		
Other:		
Other agency evaluations:		

Evaluation results indicate the following signs that suggest the need for a **neurological** evaluation:

___ poor pencil grasp
___ hand tremors
___ illegible handwriting
___ slow execution of written tasks
___ rotation of paper
___ confusion/delay in naming figures
___ difficulty with visual tracking
___ letter/number reversals
___ sound reversals
___ speech irregularities
___ perseveration
___ confusion with right/left discrimination
___ poor organizational skills
___ random body movements
___ poor balance
___ awkward gait
___ unusual behavior patterns
___ distractibility
___ impulsivity
___ fidgety behavior
___ excitability
___ excessive talking

Other: _____

Attach samples of work, if appropriate.

Major questions to be addressed during the neurological evaluations:

☐ Does this child have a neurological impairment?

☐ If yes, what accommodations and/or modifications should be made in the classroom to address this student's educational needs?

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NAME: **D.O.B.**:

If this student is currently receiving special education services briefly describe:

Attach a copy of the service page of the IEP

Other support services in the school (e.g. Literacy, guidance, etc.)

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

Current medications (if any):

Please list interventions that have been attempted:

What questions would you like answered/addressed by this evaluation (attach additional pages as needed)?

Additional information:

_____ _____/_____/_____

CHAIR DATE