

## Emotional/Behavioral Disorders Referral Assessment Summary Form

Student: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Parents/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Participants: \_\_\_\_\_ Role/Agency: \_\_\_\_\_  
 \_\_\_\_\_ Role/Agency: \_\_\_\_\_  
 \_\_\_\_\_ Role/Agency: \_\_\_\_\_  
 \_\_\_\_\_ Role/Agency: \_\_\_\_\_

**I. At School:** Age or Grade of initial concern(s)-problem identification in school:

Other SpEd History: Label(s)	Services:	Beginning at age:
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A. Academic Assessments: Date(s) administered: \_\_\_\_\_ by: \_\_\_\_\_

Reading:	Test: _____	Std Score: _____	GE Score: _____
	Word Recognition: _____	Comprehension: _____	
Math:	Test: _____	Std Score: _____	GE Score: _____
	Computations: _____	Operations: _____	
Writing:	Test: _____	Std Score: _____	GE Score: _____
Spelling:	Test: _____	Std Score: _____	GE Score: _____
General Info	Test: _____	Std Score: _____	GE Score: _____
Other:	Test: _____	Std Score: _____	GE Score: _____

Academic Strengths: \_\_\_\_\_

Academic Deficits: \_\_\_\_\_

Academic Needs: \_\_\_\_\_

Academic Interests: \_\_\_\_\_

Notes: \_\_\_\_\_

B. Psychological Assessment: Date(s) administered: \_\_\_\_\_ by: \_\_\_\_\_

Intellectual:	Test: _____	Verbal: _____	Performance: _____	FS: _____
	Test: _____	AES _____		
Personality:	Test: _____	Results: _____		
Rating Scale:	Name: _____	Results: _____		
Motor:	Name: _____	Results: _____		
Sensory:	Name: _____	Results: _____		
Other:	Name: _____	Results: _____		

Clinical Interview: \_\_\_\_\_

General Behavior Pattern(s): \_\_\_\_\_

DSM IV Diagnosis: \_\_\_\_\_

Strengths: \_\_\_\_\_

Deficits: \_\_\_\_\_

Notes: \_\_\_\_\_

C. Behavioral Assessment/Observations: by \_\_\_\_\_  
 Attendance: \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor Truancy Petition filed: \_\_\_Yes \_\_\_No  
 Suspension Frequency: #less than one day \_\_\_ #one day \_\_\_ #more than a day \_\_\_ Total days \_\_\_  
 Reasons for suspensions: \_\_\_\_\_  
 Specific Problem Behavior(s): Frequency/Severity (1= Low, 5=High) Freq./Sev.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Health Assessments: Date(s) administered: \_\_\_\_\_ by: \_\_\_\_\_  
 Medical agency: \_\_\_\_\_ Physician: \_\_\_\_\_  
 Vision: Test: \_\_\_\_\_ Results: \_\_\_\_\_  
 Hearing: Test: \_\_\_\_\_ Results: \_\_\_\_\_  
 Other: Test(s): \_\_\_\_\_ Results: \_\_\_\_\_  
 General Health: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Sleep Habits: \_\_\_\_\_ Diet: \_\_\_\_\_  
 Medical concerns: \_\_\_Allergies \_\_\_Headaches \_\_\_Other: \_\_\_\_\_

F. Drug use/abuse: \_\_\_suspected \_\_\_known types: \_\_\_\_\_  
 Chemical abuse assessment: \_\_\_none \_\_\_referred \_\_\_completed, by: \_\_\_\_\_  
 Treatment: \_\_\_\_\_

G. Court Record: \_\_\_none \_\_\_status offense(s) \_\_\_other: \_\_\_\_\_  
 School Related Offenses: \_\_\_\_\_  
 Status: \_\_\_\_\_ Probation Officer: \_\_\_\_\_

**II. At Home:**

A. Family Status:  
 \_\_\_Both Natural Parents\_\_\_ Step Parent\_\_\_ Single Parent\_\_\_ Guardian\_\_\_ Other \_\_\_\_\_  
 Siblings: \_\_\_Boys\_\_\_ Girls\_\_\_ Rank Others in the home: \_\_\_\_\_  
 Reported Relationships: with parent(s): \_\_\_\_\_  
 with siblings: \_\_\_\_\_  
 with others: \_\_\_\_\_

B. Strengths and positive attributes described: \_\_\_\_\_  
 \_\_\_\_\_

C. Problems described: \_\_\_\_\_  
 \_\_\_\_\_

D. Response to household duties and directions/rules: \_\_\_\_\_  
 \_\_\_\_\_

E. Other relevant information: \_\_\_\_\_  
 \_\_\_\_\_

**III. Student's Perception of the problem(s):** \_\_\_\_\_  
 \_\_\_\_\_

**IV. In the Community:**

- A. Relationships with peers: Friends \_\_\_ many \_\_\_ few \_\_\_ none Ages: \_\_\_ same \_\_\_ older \_\_\_ younger  
 \_\_\_\_\_  
 with adults: \_\_\_\_\_
- B. Organizations: \_\_\_ YM/WCA \_\_\_ Boys/Girls Club \_\_\_ Church \_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_
- C. Community agency involvement/participation: \_\_\_\_\_  
 \_\_\_\_\_
- D. Recreational activities: \_\_\_\_\_
- E. Job(s): \_\_\_\_\_

**V. Interventions that have been used:**

<u>At School</u>	<u>At Home</u>	<u>In the Community</u>
___ office referral	___ family meeting	___ counseling
___ family conference	___ corporal punishment	___ family counseling
___ contract	___ contract	___ contract
___ point system	___ point system	___ family services
___ time out	___ time out	___ child protection services
___ suspensions	___ grounding	___ police
___ academic/class adaptations	___ extended family support	___ day treatment
___ Other: _____	___ Other: _____	___ hospitalization (see below)

Hospital, Residential Treatment and/or Correctional Center History: \_\_\_ none

Dates	Center	Reason for Discharge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(See related reports.)

Attributes of effective strategies: \_\_\_\_\_  
 \_\_\_\_\_

Attributes of ineffective strategies: \_\_\_\_\_  
 \_\_\_\_\_

**VI. Likes/ hobbies:** \_\_\_\_\_  
 \_\_\_\_\_

**VII. Responds positively to:** \_\_\_\_\_  
 \_\_\_\_\_

**VIII. Recommendations:** \_\_\_ mainstream support \_\_\_ collaborative \_\_\_ sped \_\_\_ resource room  
 \_\_\_ change regular class \_\_\_ change regular school \_\_\_ special class \_\_\_ special school  
 Other: \_\_\_\_\_

Signature: \_\_\_\_\_