

INFORMATION/DOCUMENTATION NEEDED FOR SCHOOL-BASED PSYCHOLOGICAL EVALUATIONS

DEMOGRAPHIC INFORMATION:

Student's Name: _____ Date of Birth: _____ Age/Grade: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Email Address: _____

DISTRICT CONTACT INFORMATION:

School Campus: _____

Type of SPED Evaluation: _____

Initial: _____ Re-evaluation: _____

Campus Contact Person:

Name: _____

Position: _____

Email address: _____

Phone: _____

School LSSP Information:

Name: _____

Email address: _____

Phone: _____

Counselor Information:

Name: _____

Email address: _____

Phone: _____

Teacher Information(s):

Name: _____

Email address: _____

Phone: _____

FORMS NEEDED FROM SPED DEPT.

Consent for Testing: _____ Copy Attached: _____

CBRS/ BASC Parent Form: _____ Copy Attached: _____

CBRS/ BASC Teacher Form: _____ Copy Attached: _____

Structured Developmental History Form: _____ Copy Attached: _____

SCHOOL RECORDS NEEDED

School Contact Person: Please attach copies of the following documents to this form in order to assist us in completing the psychological evaluation. Thank you!

School-based Observation (Form attached):

Previous FIEs or Psychological Evaluations: Copy Attached _____ No Copy Available _____

Most recent report card: Copy Attached _____ No Copy Available _____

Attendance Record: Copy Attached _____ No Copy Available _____

Discipline Record: Copy Attached _____ No Copy Available _____

Response to Intervention Documentation: Copy Attached _____ No Copy Available _____

504 Plan: Copy Attached _____ No Copy Available _____

Hearing Screening Results: Passed _____ Failed _____

Vision Screening Results: Passed _____ Failed _____

Primary Language Spoken: _____

Classroom Behavior Observation Form



Student's Name (Last) _____ (First) _____ Date _____

Teacher's Name _____ Time _____

Observer's Name _____

Part I: Time Sampling of Behavior

At the end of each 30-second interval, first observe the comparison student's behavior and place a + in the column for on-task behavior or a - for off-task behavior. Then observe the referred student. Record a + or a - as before. Categorize the referred student's problem behaviors by placing a check mark in the appropriate column. Make brief notes to help identify the antecedents, consequences, or perceived reason for the problem behavior.

	Comparison Student (+ or -)	Referred Student (+ or -)	✓ Problem Behaviors (Referred Student)								Notes
			Inattentive	Overactive	Impulsive	Uncooperative	Anxious	Withdrawn	Aggressive	Other Inappropriate	
30 sec											
1 min											
30 sec											
2 min											
30 sec											
3 min											
30 sec											
4 min											
30 sec											
5 min											
30 sec											
6 min											
30 sec											
7 min											
30 sec											
8 min											
30 sec											
9 min											
30 sec											
10 min											
30 sec											
11 min											
30 sec											
12 min											
30 sec											
13 min											
30 sec											
14 min											
30 sec											
15 min											

B. Off-task totals for referred student (number of - marks)

A. Off-task totals for comparison student (number of - marks)

Part II: Problem Behaviors Observed

Sum the Problem Behaviors columns in Part I. If the student did not demonstrate the following problem behaviors, check Not Observed. If the problem behavior was observed, check Yes, note the specific behavior, then rate the levels of severity (to self) and disruptiveness (to others).

- A. Inattentiveness.** Did the student have difficulty paying attention, sustaining alertness, or maintaining effort? For example, did he or she look around, fail to listen to instructions or lessons, or become distracted by extraneous stimuli?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- B. Overactivity.** Was the student overly active for his or her age or grade? For example, did he or she fidget or jump out of his or her seat, walk or run around the classroom inappropriately, or sit or stand on a desk?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- C. Impulsiveness.** Did the student act impulsively? For example, did he or she blurt out answers before questions were completed, interrupt others, butt into conversations or games, or fail to wait for a turn?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- D. Uncooperative behavior.** Was the student uncooperative? For example, did he or she refuse to follow instructions or rules, act defiantly, argue or talk back to the teacher, pout, refuse to take turns or share, or cheat?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- E. Anxiousness.** Did the student appear overtly anxious? For example, did he or she pull his or her hair, bite his or her nails, twitch, pace, shake, repetitively tap his or her hands or feet, show a tense or worried expression, tremble, complain of a stomachache, or cry?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

- F. Withdrawal.** Did the student seem to withdraw from others or from the classroom activities? For example, did he or she stare blankly or daydream, inappropriately fiddle with objects, or appear sullen or detached?
1. Not Observed
 2. Yes (describe) _____

- a. Severity. How seriously did this behavior impede the student's opportunity to learn?
1. Not seriously
 2. Slightly seriously
 3. Seriously
 4. Very seriously
- b. Disruptiveness. How disruptive was this behavior to others?
1. Not disruptive
 2. Slightly disruptive
 3. Moderately disruptive
 4. Very disruptive

G. Aggressiveness. Did the student act aggressively to other people or property? For example, did he or she hit, kick, bite, pinch, scratch, push, throw objects at, or spit at another; threaten, bully, or verbally abuse another; or break, deface, or destroy things?

- 1. Not Observed
- 2. Yes (describe) _____

a. Severity. How seriously did this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive was this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

H. Other inappropriate behaviors (nonaggressive). Did the student behave in ways that were socially inappropriate or offensive to others? For example, did he or she swear or use vulgar language, tease others, tattle on others, talk too loudly, bother others who were trying to work, talk nonsense, pick his or her nose, belch, expel gas, or touch his or her genitals?

- 1. Not Observed
- 2. Yes (describe) _____

a. Severity. How seriously did this behavior impede the student's opportunity to learn?

- 1. Not seriously
- 2. Slightly seriously
- 3. Seriously
- 4. Very seriously

b. Disruptiveness. How disruptive was this behavior to others?

- 1. Not disruptive
- 2. Slightly disruptive
- 3. Moderately disruptive
- 4. Very disruptive

Part III: Review of Classroom Observation

A. Review the problem behaviors identified in Part II. Identify the primary problem behavior observed.

(Check one.)

- 1. No serious problem behaviors were observed
- 2. Inattentiveness
- 3. Overactivity
- 4. Impulsiveness
- 5. Uncooperative behavior
- 6. Anxiousness
- 7. Withdrawal
- 8. Aggressiveness
- 9. Non-aggressive, classroom-inappropriate behaviors
- 10. Other _____

B. Considering the primary problem behavior identified, please complete the following sentences to describe what typically happened immediately prior to and immediately after the problem behavior occurred. You may also develop a hypothesis about the reason for the problem behavior.

- 1. Immediately before the problem behavior occurred, _____

- 2. Right after the behavior occurred, _____

- 3. This behavior may have occurred because _____

C. Type of activity or activities observed. (Check all that apply.)

- 1. Teacher-directed large classroom activity
- 2. Small group activity
- 3. One-to-one instruction
- 4. Individual activity (seatwork)

D. Does the student wear glasses?

- 1. No
- 2. Yes

If Yes, was the student wearing them during the observation?

- a. No
- b. Yes

E. Does the student wear a hearing aid?

- 1. No
- 2. Yes

If Yes, was the student wearing it during the observation?

- a. No
- b. Yes

F. Does the student take medication for behavior?

- 1. No
- 2. Yes

If Yes, was the student on medication during the observation?

- a. No
- b. Yes

G. According to the teacher, was the student's behavior during the observation typical of that student?

- 1. No
- 2. Yes

If no, the teacher reported the student's behavior was not typical because _____
