

SCHOOL REPORT

PLEASE RETAIN A COPY FOR YOUR RECORDS.

This report is confidential and essential to our evaluation of this child. Please complete and return to the Schmieding Developmental Center at 519 Latham Dr. Lowell, AR 72745 as soon as possible. The child's appointment is dependent upon the receipt of this report. If you have any questions, please contact Schmieding Developmental Center at 479-750-0125.

I. Identifying Information:

Child's Name: _____ Date: _____

School: _____ City: _____

Phone: _____ Length of time in this school: _____

Teacher _____ School Counselor: _____

II. School Adjustment:

1. Do you feel this child's behavior in school represents a problem in any way? YES NO

If yes, Please explain briefly: _____

2. General:

Describe the child's personal hygiene: _____

Is the child's current and past attendance record good? YES NO

How does the child react to success and failure: _____

Does the parent have good communication with the school? YES NO

3. Attention Span: If interested in activity: _____ minutes If not interested in activity: _____ minutes

4. List the child's current important problems:

1. _____
2. _____
3. _____

5. List techniques you have used to control or change the problem behaviors:

(Indicate whether techniques were successful or not)

1. _____
2. _____
3. _____

III. Special Services

1. Please check all special services that are presently being provided for this child's education:

- | | |
|---|---|
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> One-on-One Aide |
| <input type="checkbox"/> Response to Intervention | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Resource | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Regular Classroom | <input type="checkbox"/> School Based Therapy |
| <input type="checkbox"/> Self-Contained Classroom | <input type="checkbox"/> Behavior Plan |
| <input type="checkbox"/> Inclusion | |

IV. Other remarks which might help in the evaluation of this child:

Form Completed by: _____ **Title:** _____