GOLISANO CHILDREN'S HOSPITAL

Developmental and Behavioral Pediatrics

UR MEDICINE
MEDICINE of THE HIGHEST ORDER

Educational Questionnaire - School Age

(Parent: This should be given to the child's teacher)

Dear Educational Team,

Your student has been referred to Developmental and Behavioral Pediatrics for evaluation or treatment. Thank you in advance for completing the following form. Information and input from your team is **very important** to us! We suggest, if possible, that the form be completed jointly by all members of your team or that a lead person complete it with input from the rest of the team.

Diagnostic and treatment decisions rely on an understanding of a child's functioning in a variety of settings. We rely on you to understand student functioning in the school setting. We also rely heavily on testing completed in the school setting. We do not repeat any testing that is completed at school and do not have the ability to perform cognitive or psychoeducational testing. Any testing completed through our center will be to inform diagnosis or contribute to medical or behavioral treatments.

Before scheduling a child's evaluation, we ask the family to collect educational records and appreciate when school teams can help make sure the family has the following materials to send to us:

- Educational questionnaire (completed by team members most familiar with the child)
- Current IEP, 504 plan, RTI, etc.
- Most recent psychoeducational testing
    - Psychological evaluation (cognitive, adaptive, academic)
    - Speech language evaluation
    - PT/OT evaluations
    - Functional Behavioral Assessment/ Behavior Intervention Plan

Please return this completed form to the child's parent(s) or guardian or send to:

Intake Coordinator
Developmental Behavioral Peds @ E. River Road

601 Elmwood Avenue, Box 278877
Rochester, NY 14642

Fax: (585) 742-4217
DBPintake@URMC.rochester.edu

If you have any questions, please call us at (585) 275-2986.

Thank you.

URMC Developmental & Behavioral Pediatrics TEACHER FORM

(*This should be given to the child's teacher. Not for parent completion unless the child is home schooled*)

Child's name _____ Child's date of birth _____

Date form completed _____

Persons Completing Form *(Should be members of child's school team)*

Name	Role on team	Phone number

Child Information

Tell us about the child's **strengths**.
Please list your major **concerns** about this child.
What specific **questions** or areas of assessment would you like addressed during the evaluation?

School Information

Home school district	
School name	
Does the child have any of the following supports?	☐ AIS ☐ 504 plan ☐ IEP ☐ FBA ☐ BIP
If the child has an IEP, what is his or her classification?	
Please select the classroom type (mark all that apply)	☐ General education ☐ Inclusion classroom ☐ Self-contained classroom ☐ Resource room ☐ Other (please specify)
If the child is in a special classroom, what type?	☐ 15:1 ☐ 12:1:4 ☐ 12:1:1 ☐ 8:1:1 ☐ 6:1:1 ☐ Other (please specify)

Current Services

Please provide information about the child's current services (mark all that apply).

Service	Frequency per week/month	Individual or group?	Push-in or pull-out?
☐ Speech-language therapy		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Occupational therapy		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Physical therapy		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Special education or Special Education Itinerant Services (SEIT)		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Vision services		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ ABA		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ DIR		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Adaptive physical education		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Counseling		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ 1:1 aide/para-professional		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Extended school year		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Reading intervention		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Math intervention		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Other:		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out
☐ Other:		☐ Individual ☐ Group	☐ Push-in ☐ Pull-out

Comments

Please comment on the following areas (strengths, concerns, description of difficulties; particularly in day to day situations, in the classroom, with family or other children).

General health	
General health, school attendance ☐ No concerns	
Vision/hearing ☐ No concerns	
Other health issues ☐ No concerns	
Communication	
Expressive ☐ No concerns	
Verbal comprehension, auditory processing ☐ No concerns	
Cognitive skills	
General cognitive skills ☐ No concerns	
Academic skills	
Written communication skills, expression of thoughts/ideas ☐ No concerns	
Reading skills ☐ No concerns	
Math skills ☐ No concerns	
Other skills related to academic achievement (homework completion, test anxiety, etc.) ☐ No concerns	
Adaptive skills	
Ability to function in the classroom, follow routines, be independent ☐ No concerns	

Leisure/play skills	
Independent play ☐ No concerns	
Imaginative or creative play (pretend play, joining group imaginative games) ☐ No concerns	
Social skills	
Interaction with adults ☐ No concerns	
Peer interaction during unstructured activities (recess, free time, lunch, etc.) ☐ No concerns	
Peer interaction/functioning during small group activities ☐ No concerns	
Peer interaction/functioning during large group activities ☐ No concerns	
Motor/sensory skills	
Gross motor ☐ No concerns	
Fine motor ☐ No concerns	
Sensory processing ☐ No concerns	

Behavior	
Attention/distractibility ☐ No concerns	
Hyperactivity/impulsivity ☐ No concerns	
Anxiety ☐ No concerns	
Mood problems/depression ☐ No concerns	
Disruptive behavior (tantrums, aggression) ☐ No concerns	
Unsafe behavior (elopement, pica) ☐ No concerns	
Repetitive behavior (repetitive motor mannerisms, intense interests, rituals, rigidity) ☐ No concerns	
Other behavior concerns ☐ No concerns	
Current behavioral strategies (red light/green light, loss of privileges, etc.) Are the current behavioral strategies working? ☐ Yes ☐ No	
Behavioral strategies attempted in the past	
Home and Family (strengths and stressors)	
Ability to profit from current education placement	